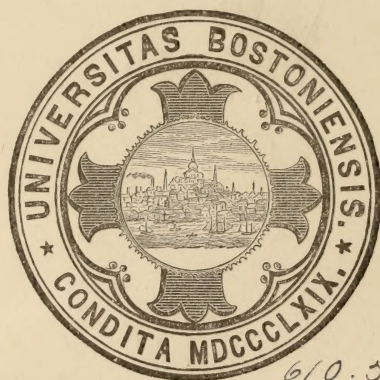


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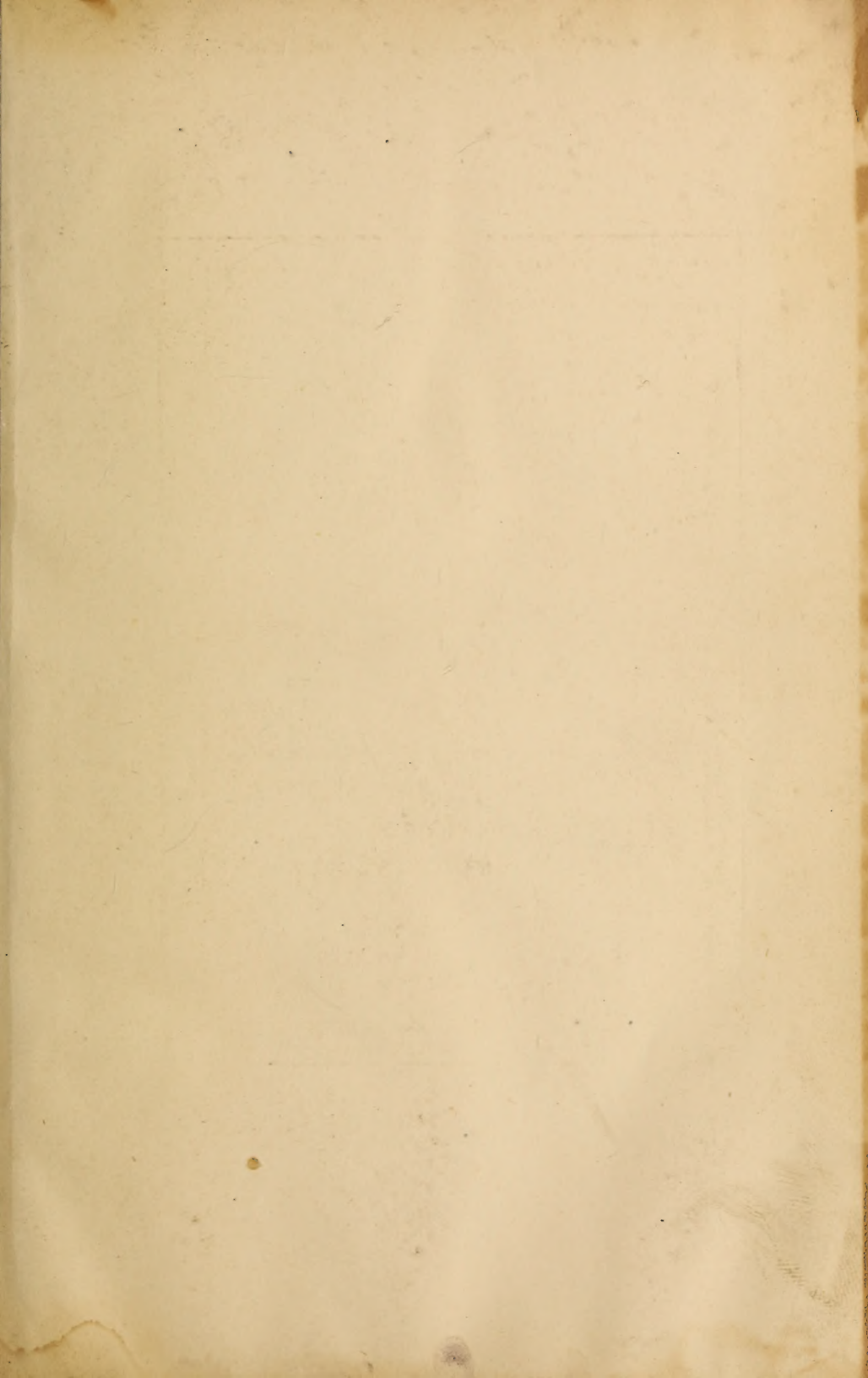
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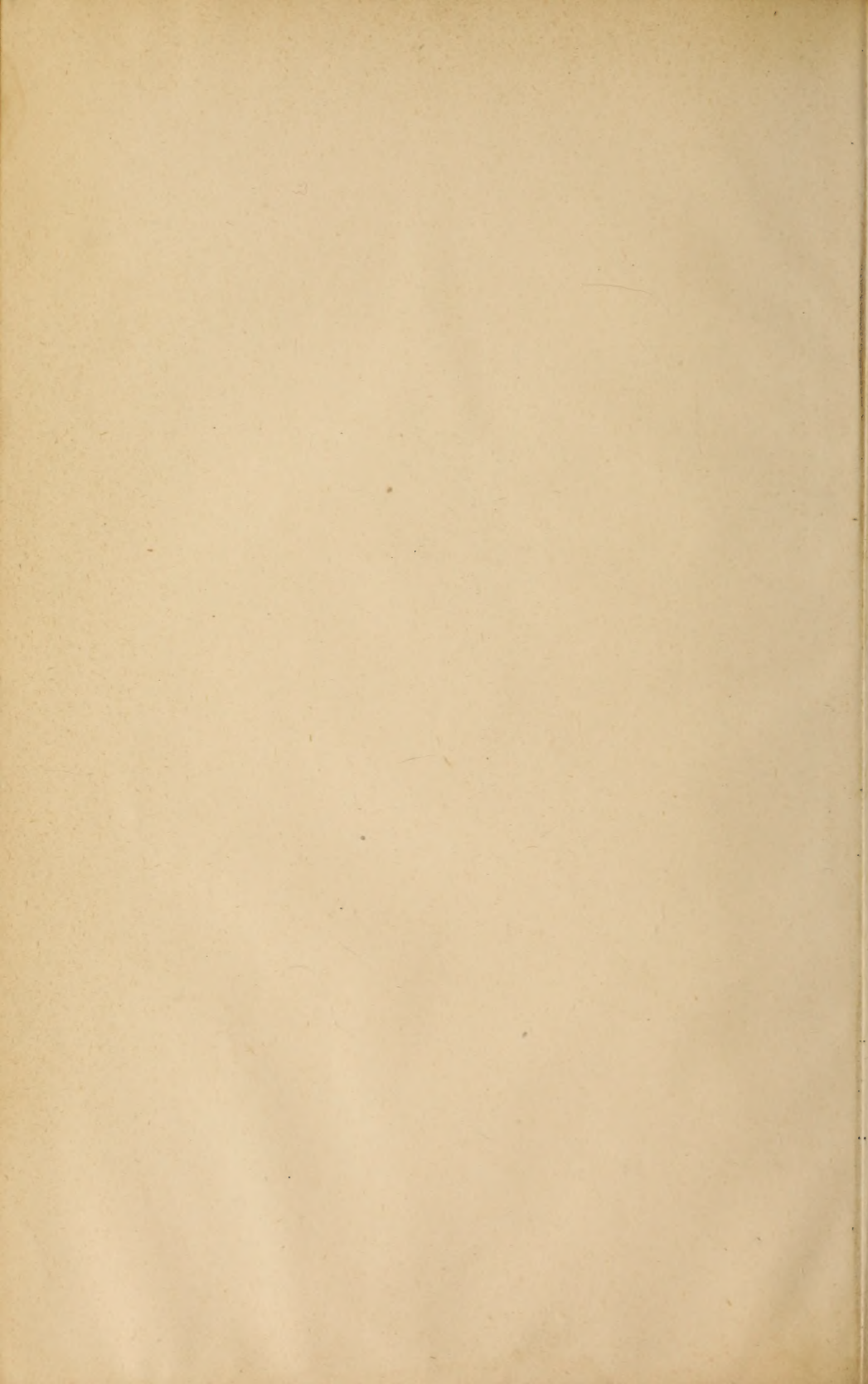
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STUDIES IN MATERIA MEDICA.

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*ANIMAL KINGDOM.*

(Continued from Vol. II, page 720.)

URINARY ORGANS.

**LACHESIS.**—Sticking pains shoot from place to place, from the small of the back to the liver (perhaps also to the kidneys), and thence downward to the urethra.

Renal affections: albuminuria, morbus Brightii, after scarlatina, after excessive use of alcohol, etc. In such cases the urine is dark, turbid, and there may be dropsy, with suffocating spells, and pale, puffy, yellow face; urine black in spots, after scarlatina.

Feeling, when turning over, as if a ball rolled over in the bladder.

Dull pain in the bladder when constipated.

Peculiar unpleasant sensation in the bladder, desire to urinate, and slimy sediment in the urine. Offensive mucus in the urine; cystic catarrh.

Urging to urinate violent, with copious escape of a dark, foaming urine.

Frequent micturition.

Burning during urination.

Urine suppressed.

Of the remaining ophidians, but little can be said in this

connection, as their clinical use is almost *nil*. *Crotalus* causes hæmaturia, and stains the urine as in jaundice, just like *LACHESIS*. *Elaps* causes a constriction of the sphincter vesicæ; but although this symptom is not so expressed in the provings of *Lachesis*, it is by no means contrary to the genius of the latter.

**Related Remedies.**—Albuminuria after abuse of alcohol: *ARSENIC*, *CINCHON.*, *Ledum*, *Sulph.*, *Aurum*, *Bellad.*, *Calc. ars.*, *Cuprum*.

Albuminuria after scarlatina: *APIS*, *ARSENIC*, *DIGITALIS*, *HELLEB.*, *Canth.*, *Kali carb.*, *Lycopod.*, *Hepar*, *Terebinth.*, *Helon*. Urine black: *Colehic.*, *Natrum mur.*, *Helleb.*, *Carbolic acid*, *Digital*. Urine dark, turbid: *Apis*, *Ammon. benz.*, *Arsenic*, *Benz. ac.*, *Digital.*, *Arnica*, *Opium*, *Carb. veg.*, *Kali carb.*, *Terebinth*.

Strong odor from mucus: *Dulcam.*, *Phos. ac.*, *Pareira brava*, *Lycopod.*, *Uva ursi*, *Coloc.*, *Petrol*.

Urine foaming: *Lauroc.*, *Copaiva*, *Cubebs*, *Lycopod.*, *Senega*, *Thuja*.

Urine suppressed: *Apis*, *Apoc. cann.*, *Elaps.*, *Vipera*, *Crotalus*, *Helleb.*, *PULSAT.*, *LYCOPOD.*, *SULPH.*, *STRAM.*, *Bellad.*, *Arnica*, *Hyosc.*, *Lauroc.*, *Arsen.*, *Camph.*, *Plumbum*, *Rhus tox.*, *Kali bich.*, *Cuprum*, *Tabacum*, *Canthar.*, *Carbolic acid*, *Merc. corros.*, *Digital.*, *Terebinth.*, *Colchic.*, *Secale*.

*LACHESIS* in renal and vesical affections is to be selected more by its general than by its local effects. For instance, in albuminuria or morbus Brightii, the respiratory symptoms, aggravation after sleep, and blue surface, are more characteristic than the urinary symptoms. In cystitis the drug is indicated when the offensive mucus introduces the universal characteristic of tendency to putrescence. And the more this offensive odor of the urine is disproportionally intense, when compared with the time of the vesical retention of the mucus, the more likely is *LACHESIS* the remedy.

In hæmaturia, the drug, like its powerful rival, *CROTALUS*, is called for when the symptom occurs as an evidence of blood degeneration, as in low fevers; hence the characteristic deposit of disintegrated blood-cells, of fibrin, etc., presenting the appearance of charred straw.

In albuminuria after scarlatina there is dropsy from delayed desquamation, and the urine is black or contains black spots. This spotted appearance is precisely like *Helleb.*, and, as noticed above, several other drugs cause dark or black urine. But

only *LACHESIS* has foaming urine and the general characteristics referred to just above.

*HELLEB.* is to be distinguished by the sensorial apathy, muscular weakness, pale, puffed face, and jellylike mucous diarrhoea, which accompany its dropsy. The patient may breathe better when lying down, which is the converse of *LACHESIS* and *Arsenic*.

*DIGITALIS*, with blackish, scanty, turbid urine, faintness from weak heart, with bluish face, looks very much like *LACHESIS* here. In the latter there is more laryngeal constriction, as well as oppression and constriction of the chest; in the former, the suffocative constriction is as if the internal parts of the chest were grown together. *DIGITALIS* has also, sinking or faintness at the stomach as if life was becoming extinct.

*TEREBINTHINA* has urine smoky and turbid, depositing a sediment like coffee-grounds; dropsy after scarlatina. The sediment contains disintegrated blood-corpuscles. Hæmaturia, dyspnoea. Must be propped up in bed. Very drowsy. Tongue dry, glossy. Stupefaction.

Clinically, Turpentine has proved successful in the early stages of renal disease, when congestion predominates; that is, before renal casts appear in any great quantity. It causes more intense burning and pain in the back than *LACHESIS*; and the urine may have a violet odor.

In typhoid fevers both renal and alvine discharges resemble those of *LACHESIS*: Fetid stools; hæmorrhages from the bowels caused by ulceration; the blood is dark, sooty, or looks like coffee-grounds. Fetid urine. Disintegrated blood in the urine. In addition, the Turpentine causes stupor, dry, smooth, glossy tongue, and great weakness. But it is distinguished by a preponderance of tympanitis, with burning, which is accompanied with a smoothing of the tongue, as if it had lost its papillæ.

*APIS* simulates *LACHESIS* in post-scarlatinal dropsy; for both have albuminuria, scanty urine which is dark from decomposed blood, and dyspnoea. But the former requires usually thirstlessness, pale waxen skin and an eruption here or there resembling nettlerash, red pimples, or an erysipelatous rosy appearance of the anasarcaous limbs.

In typhoid, *APIS* may be needed during intestinal ulceration, with stupor, muttering, foul, bloody, purulent stools, involuntary urination, and the greatest weakness. But the abdominal tenderness is an intensely severe sore feeling, making the patient wince from pressure—a different state from the hyper-



æsthesia of LACHESIS. There is also present for the former drug, a white miliary eruption on the abdomen.

ARSENIC is needed in mild as well as advanced cases of renal diseases. The urine may be scanty and albuminous without blood, the remedy being required on account of its well-defined heart symptoms, or its mental restlessness, etc. Thus far it needs no differentiation here. But if the urine is dark, turbid, blood-mixed, depositing a coffee-like sediment; if there is orthopnoea with cold legs; bronchial catarrh, great difficulty in breathing until phlegm is raised; spasmodic constriction of the larynx, the choice may demand further comparison. ARSENIC cures when the urine looks like dark dung-water; renal casts are abundant. The dyspnoea is noticed more when the patient attempts to lie down in the evening and again arousing him after 12 P.M.; it is relieved by the expectoration of mucus. In LACHESIS the dyspnoea is worse when, after lying down, he drops off to sleep; relief follows the hawking loose or coughing up of a small amount of thick, adherent mucus, and there is far more annoyance from the contact of the clothing than in ARSENIC. In the latter, the clothing is torn loose lest its pressure smother the patient; in the former there is added a cutaneous hyperæsthesia.

*Colchicum* causes an intense congestion of the mucous membrane of the stomach and bowels, and also of the kidneys. The urine is dark, turbid, bloody, and as black as ink, containing albumen. Dropsy. But it is readily distinguished from LACHESIS by the prominence of the irritation of the sphincter vesicæ, with tenesmus of the bladder after urination. It is especially indicated in gouty patients, who, at the same time, suffer from a nervous weakness, which is combined with hypersensitiveness. If this latter symptom seems to resemble LACHESIS, we may readily distinguish by the general effects of COLCHICUM,—oversensitive to touch (except, perhaps, the tympanitic abdomen), senses too acute, especially over-affected by strong odors; gastric symptoms prominent; mental labor fatigues, causing inability to fix the thoughts or to think connectedly, headache, skin of scalp feels tense; coated tongue, nausea; great weakness, yet easily irritated by external impressions.

A peculiarity of COLCHICUM, too, is that if there are copious salivation and urinary secretion the stools are scanty and attended with tenesmus, and *vice versa*.

Carbolic acid is eliminated by the kidneys, causing a black

urine, black and usually clear. We may infer, then, that the drug acts on the kidneys, but whether the black urine is to be regarded as a symptom remains to be seen. It should be tried when renal disease, albuminuria, etc., accompany other affections in which the acid has been successfully employed, such as diphtheria, scarlatina, with the characteristic fetor and prostration. The following has been given as characteristic of Carbolie acid. When urinating, involuntary discharge of mucus from the anus. Suppression of urine and simple retention should be carefully distinguished, for though both are serious symptoms, the former is speedily fatal. Our textbooks are inexcusably careless in including, as they often do, both conditions under the one heading of "retained urine" (see Bönninghausen's *Therapeutical Pocket-book, et al.*); or, which is still worse, denominating as suppression that which is merely a retention.

Of the list of remedies for suppressed urine which we give above we feel quite positive, though from the defective wording of provings and from the neglect of catheterization, we cannot speak with the certainty we could wish. Agaricus phal., Arsenic, Camph., Bellad., Canthar., *Cupr. acet.*, Digit., *Plumb.*, *Secale c.*, STRAMON., Tabac., Hyosc., Elaps, Vipera, Ailanthus, Merc. cor., Merc. cyan., Phosph., Sul. ac., Conium, Causticum, etc., are stated by provers to have caused suppression of urine. Traumatic cases require Arnica, etc. Renal hyperemia, with suppression of urine, has been produced by large doses of *Cantharides*. And any remedy causing scanty urine as a symptom of renal congestion or inflammation, as Bellad., *Cannab.*, may be indicated when the disease is severe enough to entirely suppress secretion.

The cases in which we may suppose LACHESIS indicated,—typhoid conditions, may also demand *Apis*, Arsenic, *Apoc. cannab.*, *Helleb.*, Arnica, Hyos., Stram., Lycopod., or Sulph.

*Apoc. cannab.* causes a torpidity of the kidneys. Indeed, the general effect of the drug is functional torpidity of many organs; as, drowsy and heavy, bewildered; pulse 50; muscular ennui, etc. It may, therefore, be called for when the ischuria attends weak heart, dropsy, etc.

HELLEBORUS operates more deeply; the sensorium is so depressed that the patient is stupid, cannot comprehend, or answers slowly, senses act sluggishly, the muscles fail, and the heart beats slowly. The pupils are dilated, the nose is dry, and the nostrils look as if smoked. In severe cases the mouth is partly open and the forehead drawn into wrinkles. Compare

Lycopod., which we have shown (see August number) to cause functional torpidity.

*Sulphur* has relieved suppression in cholera infantum, when the child lies semi-conscious, cold sweaty face, starting of the limbs, etc. In puerperal fever, compare, also, *Secale c.* (Baptisia), Arsenic.

In Cholera Asiatica, ischuria may yield to CAMPH., *Verat. alb.*, *Lauroc.*, *Secale c.* (Carbo veg.), *Cuprum*, *Arsenic*, or *Kali bich.*

GENITAL ORGANS.—The ophidians, so far as proved, weaken the virile powers of man, and this often with lascivious imaginings. Several of them also affect the uterus and ovaries.

**LACHESIS.**—*Males*: Lascivious thoughts and dreams; either with erections and sexual desire, or with physical weakness.

Emissions make him more cheerful and increase his mental activity; or, cause profuse sweat.

Epilepsy from onanism.

Prepuce inflamed, indurated.

Phagedenic chancre. Gangrene from paraphimosis.

Red pimples and spots on the glans penis.

Syphilis, with above symptoms and also flat ulcers on the legs, with blue surroundings; caries of the tibia, the parts are sensitive and livid; ulcers in the throat; bone-pains at night; all after abuse of Mercury.

Buboes after abuse of Mercury, with sore throat and violent headache, either in back or front of head.

*Females*: Nymphomania, lascivious dreams; tickling jerking from thighs to sexual organs; sad on awaking; labia swollen, with much mucous discharge; the menstrual flow relieves.

Menses scanty, feeble; flow acrid, or lumpy, black, intermittent.

Before menses: Leucorrhœa; nose bleeds a few drops; tendency to faint; wants fresh air; bruised pain in the hips; cutting in the abdomen; vertigo; headache. During menses: Many symptoms cease with the flow and return, when it lessens or ceases; but there may be blood or mucus from the anus, throbbing in the head, labor-like bearing down. The latter seems to follow a slight menstrual flow. Menstrual colic beginning in the left ovary.

Uterus prolapsed, especially at climaxis. Cutting like



knife-thrusts in the abdomen. Very weak from any exercise. Pains in left ovarian region and left side.

Shooting across from left ovary to right.

Ulcers on the cervix, syphilitic, with condylomata.

Affects more the left ovary, with tendency to the right. Induration, swelling, or suppuration, with burning-boring pains, relieved by a discharge of blood from the vagina. Moral emotions or exertion aggravate.

Pains in the right groin, extending towards the uterus, or upwards to liver and chest.

In uterine and ovarian affections the following are some of the concomitants: Flashes of heat during day, chills at night. Cannot bear the pressure of the clothing. Faints easily. Hysterical, with globus hystericus, smothering spells on dropping off to sleep, awakes mornings distressed and unhappy; is jealous and lascivious; apprehensive; mistrust of everything; pride; suspicious mood; ecstasy; great mental excitement; talkative, with rapid flow of ideas, or frequently mental inactivity. Restless as if hurried. Emotions aggravate pains in the right ovarian region. Very sad during menses; sighing relieves.

Gulping of a sour fluid after meals, during pregnancy.

Faints during labor, lies as if dead from cardiac syncope.

Puerperal convulsions commence on the left side, and are worse about the throat and neck, with trismus and blue face; body bent backwards; extremities cold.

Mastitis, suppuration; the skin around is bluish.

Milk blue, thin; especially if the mother has long suffered from some mental trouble.

Puerperal fever; abdomen distended; she says that the pains seem to ascend to the chest; urine suppressed; fetid ichorous lochia; skin alternately burning hot and cold. See also peritonitis under "Abdomen."

Complaints at the climaxis, often indicated, especially for: Flashes of heat; vertigo; fainting; spells of blindness; weakness, trembling, desire to lie down, worse before breakfast; palpitation, cold sweats, etc.

Of the remaining ophidians, *Naja trip.* has gloomy headache, spinal pains, and palpitation from sexual irregularities. Strong sexual desire with physical powerlessness.

In females its most characteristic effect is a crampy pain in the left ovarian region. The secretion of milk is lessened.

Crotalus induces the same sexual excitement with lax organs. "The milk poisoned the baby, 5 months old." The Crotal.

casea. caused: Lancinating in the uterus when washing with cold water. Mania alternating with a bright-red metrorrhagia.

Elaps: Prepuce inflamed, as in Lachesis. Weight in the uterus, worse rising and walking; lancinating up to the epigastrium. Weight on the vagina after a hysterical colic. White leucorrhœa. Secretion of milk lessened.

**Related Remedies.**—Lascivious thoughts: CANTH., HYOSC., Lycop., *Calc. ostr.*, PHOSPH., PLAT., STRAM., Origanum, *Lilium tig.*, *Verat. alb.*

Lascivious thoughts, with weakness of the sexual organs, or without much local irritation (which seems characteristic of the ophidians): Ambra, *Calc. ostr.*, Agnus, Staphis., Ignat., Calad., Sepia, Aurum, Graph., Selen., Sulph., Agaric. Emissions relieve: Agnus, *Calc. phos.*, Zinc.

Epilepsy from onanism: *Bufo*, *Platin.*, CALC. OSTR., Kali brom., Silica, *Sulph.*

Syphilis after abuse of Mercury: KALI IOD., NITRIC AC., HEPAR, Aurum, Staphis., *Carbo veg.*, Arsenic, *Phytolac.*

Prepuce inflamed and indurated: Sulph., Sepia.

Paraphimosis, with gangrene: Ars., Merc. corros., Canth.

Phagedenic chancre: Arsenic, Merc. corros., Nitric ac.

Buboes maltreated with Mercury, and which are accompanied with violent headache: KALI IOD., *Carbo an.* (back of head), HEPAR (forehead), *Phytolac.* (forehead).

Nightly pains in the limbs, syphilis: MERC., NITRIC AC., *Lycopod.*, Mezer., KALI IOD., HEPAR, Stillingia, Syphilin, *Asafœt.*

Pains cease after a flow of blood from the uterus: Zinc (better during menses).

Pains in the left ovarian region: Apis, *Arg. met.*, Eup. purp., Bromine, Coloc., *Lilium*, Graph., ZINC, THUJA, Ustilago, Podophyl., Psorinum, Silica, Capsic., Merc. viv., Ambra, Bovista, Nat. mur., Rhus tox., Carbolic ac., Picric ac., Sepia.

Pains from left ovarian region to right: Apis, *Lilium*.

Syphilitic ulceration of the os uteri, with condylomata: NITRIC AC., THUJA, *Nux vom.*

Prolapsus uteri, with pains in the left ovarian region: *Arg. met.*, *Lilium*, Podophyl.

Pains from uterine or ovarian regions upwards: GELSEM., *Calc. ostr.*, Apis, Hydrophobin, Sepia, Podophyl.

Ovary inflamed: APIS, BELLAD., Hamam., *Lilium*, *Pallad.*, Canth., etc.

Suppuration of the ovaries: Mercur., Hepar, Platin.

Induration of ovary: Apis, Arsenic, Baryta iod., Baryta

mur., Conium, Bellad., Graph., Iodine, Psorin., Pallad., Platin.

Ovarian pains are boring : *Coloc.*, *Lycopod.*, *Zinc*, *Lilium*.

— lancinating : *Conium*, *Apis*, *Curare*, *Lilium*, *Lycopod.*

— stitching : *Ambra*, *Bryon.*, *Bufo*, *Canth.*, *Carbo anim.*, *Conium*, *Curare*, *Graph.*, *Kali carb.*, *Mercur.*, *Lycopod.*, *Coloc.*, *Pierie ac.*, *Plat.*, *Sepia*, etc.

Complaints at the climaxis : *Sepia*, *Sul. ac.*, *Sulph.*, *Amyl nitrite*, *Glonoin*, *Pulsat.*, *Sang.*, *Kali bich.*, etc.

Puerperal fever : *Rhus tox.*, *Lycopod.*, *Apis*, *Terebinth.*, etc.

In syphilis LACHESIS is called for as an antidote to Mercury, or when the chancre becomes gangrenous. Its characteristics are its peculiar sore throat, the blue surroundings of the ulcers, nightly bone-pains, violent headache, and the phagedenic chancre.

The throat symptoms are nearest like those of *Kali bich.* and *Phytolacca*. (See Throat.)

The bluish ulcers ally it with : *Hepar*, *Asafoetida*, *Lycopod.*, *Silica*, *Arsenic*. The pimples, blisters, or pustules surrounding the ulcers ally it with : *Arsenic*, *Phosph.*, *Lycopod.*, *Mercur.*, *Hepar*, *Silica*, etc. The burning in the areola, with : *Arsenic*, *Lycopod.*, *Mercur.*, *Sil.* The offensive pus, with : *ARSENIC*, *ASAFET.*, *Lycopod.*, *Silica*, *Sulph.*, *Hepar*. The ulcers being flat, with : *Arsenic*, *Asafoet.*, *Lycopod.*, *Mercur.*, *Silica*, *Phos. ac.*, etc. If they become black or gangrenous, with : *ARSENIC*, *SECALE C.*, *Silica*, *Plumb.*, *CARBO VEG.*, *Euphorb.*, *Mur. ac.* But LACHESIS has the burning most marked when the ulcer is touched. The surrounding skin is mottled. Ulcers on the legs tend to spread superficially (rather than deeply, as, for example, in *Kali bich.*), the discharge is scanty, and the strength is failing. Dark blisters surround the ulcers and the skin around is dead. Sometimes the discharge ceases, the patient is stupid, cold, the leg becomes œdematous, and a bluish-red swelling along the course of the veins, shows that phlebitis exists. All this looks like *ARSENIC*, *CARBO VEG.*, *Bufo*, *SECALE C.*, *Cinchona*, etc. But *ARSENIC* presents more vascular excitement and nervous irritability with the prostration. *CARBO* induces still greater prostration than LACHESIS, cold sweat, cool breath, collapse. The ulcer has a cadaverous odor. In mild cases there is no resemblance at all between the two ; for the *CARBO* causes much burning, rawness in folds of skin ; borders of ulcer hard, but not oversensitive, as in LACHESIS.

HEPAR should be remembered as a concordant of LACHESIS, and especially because it is so useful after abuse of mercurials.



The areola of the ulcer is very sensitive, but there is a sore, bruised feeling along with hyperæsthesia. And although the suppurating part may turn bluish, and the patient experience weakness, yet there are no evidences of loss of vitality and gangrene, such as suggest the later indicated drug, *LACHESIS*.

*LYCOPodium* is a complement of the snake-poison. If syphilitic ulcers appear in the throat, they are dark grayish-yellow, worse on the right side. The forehead exhibits a coppery eruption and the face is sallow, often furrowed, but lacks the small red bloodvessels, which shine through the yellow skin, in *LACHESIS*. Chancres are indolent. Condylomata are pedunculated. Ulcers on the legs refuse to heal, with tearing burning, worse at night; they are made worse by poultices or by any attempt to dress them. The pus is often golden yellow. Flatulent dyspepsia.

*NITRIC ACID*, should it seem similar in phagedenic chancre, ulcers on the tibia, etc., may easily be distinguished by the irregular edges of the ulcer, which also presents exuberant, easily-bleeding granulations; and its mouth and throat symptoms, by the cracks at the commissures of the lips, sensation of a splinter in the throat, etc.

*KALI IODATUM* exhibits quite a different train of symptoms from *LACHESIS*: Gnawing, boring bone-pains; throbbing and burning in nasal and frontal bones; greenish-yellow, excoriating ozæna; papules ulcerating and leaving scars; rupia; chancres with hard edges and curdy pus; ulcers deep-eating; violent headache, much more severe than in the snake-poison and causing hard lumps on the head. Tendency to interstitial infiltration of soft tissues and also of bones, thus more extended than with *LACHESIS*, which infiltrates only the soft tissues.

In complaints incident to females, *LACHESIS* is frequently called for. Succinctly the indications are: Scanty, dark, menses; prolapsus uteri, ulcerated os, etc., when the ovaries sympathize, especially the left ovary, and when a discharge of blood relieves the pains. The sensitiveness of the remedy is present, and the general condition of the patient is one of nervous excitement associated with debility. Circulation is disturbed, and so the drug is pre-eminently serviceable at the climaxis. If hysterical, the patient may be jealous, lascivious, haughty, or mistrusting. Her manner is hurried and restless, and her talk rambling from subject to subject. Emotions intensify the ovarian pains.

Analogous remedies, then, must be more or less similar in

mental and ovarian symptoms, or in the symptoms of the menopause. Among such are PLATINA, *Palladium*, HYOSC., *Phosph.*, *Stram.*, *Lilium*, *Murex*, *Verat. alb.*, *Staphis.*, and ARSENIC, APIS, Zinc, Thuja, Iodine, Graph., Conium, Lycopod. Also, at climaxis, Sulph., *Sepia*, Sul. ac., etc.

PLATINA has profuse, dark menses, instead of scanty; and the hauteur is much more pronounced. The nymphomania is accompanied with titillation and tingling of the genitals or with vaginismus. In ovarian affections, this drug has relieved after LACHESIS failed; as in suppuration of the ovary, the pus having been evacuated under the action of the latter. The pains are burning, with violent bearing down.

*Palladium* has relieved induration and swelling of the right ovary, as has LACHESIS. Mentally the two are widely different. The former develops an egotism, which manifests itself in the patient's concern for the good opinion of others; consequently her pride is often injured. Mental emotions aggravate the ovarian pains, as in the snake-poison, but in a different way. The LACHESIS patient is ecstatic or at least excitable; the relating of stories moves her to tears. The *Palladium* patient is easily agitated in society; a lively conversation or some evening entertainment increases her pains and tries her mentally and bodily.

In ovarian affections, APIS stands closely allied to LACHESIS. But it acts more on the right ovary than on the left. There is a bruised, sore feeling, or stinging, burning. At other times the pains are described as lancinating.

In prolapsus uteri or during the menses, the bearing down seems to be in the right ovary; pains followed by a scanty dark mucus.

Both have pains from left to right ovary; but in APIS this is experienced while stretching. There is also a strained feeling in the ovarian region, very characteristic. The pains may ascend in either; but in APIS they are in the right ovary with pain also in the left pectoral region, and cough.

Mentally there is considerable similarity. (See Mind.) Both have jealousy, with talkativeness and increased sexual desire; restlessness, with bustling manners.

ARSENIC affects the ovaries and uterus, and has metrorrhagia of dark blood; increased sexual desire. But this powerful agent affects more the right ovary, with marked burning, tensive pains and restlessness, which is somewhat relieved by constantly moving the feet; menstrual colic, better from warm applications.

LYCOPODIUM reverses the Lachesis direction of pains, shooting from right to left. Its gastro-enteric symptoms are also always present.

GRAPHITES also affects more the left ovary, and also relieves when pains in the right ovarian region are followed by a discharge from the vagina, but constitutionally this drug and Lachesis differ. (See November issue.)

A marked symptom of LACHESIS is the relief of pain when the blood flows. Compare: MOSCHUS, drawing, pulling at beginning of menses, ceasing with the menstrual flow. ZINCUM, relief of boring in left ovary (just like LACHESIS).

PLATINA and Ammon. carb. have pains continue with the flow; the former even with a profuse discharge; the latter with flow between pains.

(To be continued.)

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### LACHESIS IN PULMONARY ABSCESS.

BY W. T. LAIRD, M.D., AUGUSTA, ME.

MRS. A. E. W., of Rome, N. Y., first came under my care April 18th, 1877. The history of the case, prior to that time, has at my request been written by the patient as follows.

"In the spring of 1876, I felt more than usual lassitude; a sensation of tiredness was on me most of the time. I imagined that my blood did not circulate; and my limbs seemed too heavy for use. I felt occasional pains in my neck, shoulders, and back, resembling rheumatism. In June a small blister came on my left shoulder and rapidly inflamed. In a week I was prostrate with chills and sinking spells. Dr. — was called, who pronounced it a carbuncle and put me on tonic treatment, Iron and Quinine. In about three or four weeks I went to the Thousand Island Park, where I used a yellow wash for a second and for a third small carbuncle. The ears and arms soon showed signs of erysipelatous inflammation, which was attributed to poisoning by the corrosive sublimate in the yellow wash. The carbuncles kept coming, first blisters would appear, which when broken formed dark-green scabs, and then quickly inflamed, the spots gradually rising above the surface, and the red rays shooting out in all directions—the whole wonderfully hard and difficult to puncture with the lancet. The coming of a blister was heralded by languor, chills, feeling of a want of circulation, and pain in the back and shoulders. The locality of the expected carbuncle was pointed out by a deep, burning, pricking pain, when by accident, the flesh was



pressed upon over the place where it was forming. The sensation indicated that it started deep in the flesh, but the first appearance was the blister. The lancet was used many times. Usually the cut was made cruciform, sometimes half an inch deep and generally proved successful in aborting the carbuncle. In every case the incision showed a deep, white core, sometimes appearing like a dandelion stem—I would not dare to say that it was hollow, yet it had that appearance. At the bottom of the core were prongs or sacs, that suppurated, and after a time came out, leaving a cavity. At times considerable pus appeared on the poultices, but the discharge was never profuse. The use of the lancet at length became intolerable, and then Caustic iodine was tried; and this was kept up till the spring of 1877, when the whole system seemed failing and the lungs showed signs of disease. At the time I went to Watertown, N. Y., to see you, few thought that I could live many months."

The condition of the patient fully justified the anxiety of her friends. She was emaciated, anæmic, easily exhausted by slight exertion, and suffered from a constant hacking cough, worse at night and after sleep, with profuse purulent expectoration. She was frequently awakened by attacks of dyspnoea, compelling her to sit up in bed and loosen the clothing about her throat and chest. The pulse varied from 112 to 130. Hectic fever and exhausting night sweats were rapidly undermining her strength. Across the shoulders and down the back were seventeen cicatrices, marking the sites of former carbuncles; and under three of these could be felt indurated masses of cellular tissue. Physical examination revealed tympanitic resonance, blowing respiration, and gurgling râles in the lower portion of the left lung—conclusive proofs of the existence of a large cavity.

The diagnosis given was pulmonary abscess. Phthisis was excluded on the following grounds: The patient's family history showed no trace of tubercular taint; the disease was confined to the base of one lung, the other remaining healthy, while it is a well-known fact that in Phthisis the apices are usually first attacked and both lungs involved. Besides, the pulmonary trouble was evidently the sequel of the previous disease, which is essentially a suppurative process. The prognosis, of course, was grave.

The history of the case, the long series of aborted carbuncles followed by internal suppuration, the nocturnal paroxysms of dyspnoea with their peculiar concomitant symptoms, the prostration and hectic, and the marked aggravation of all her

sufferings after sleep, pointed unerringly to the remedy. *Lach.* 41<sup>m</sup> was given. In forty-eight hours the suffocative attacks were permanently relieved. The hectic fever and night-sweats disappeared within the next fortnight, and the patient was rapidly regaining her strength, when the indurated masses of cellular tissue, remnants of former carbuncles, suddenly inflamed. They finally healed only after suppuration and discharge of sloughs. The hacking cough then rapidly subsided, the expectoration gradually diminished, the cavity in the lung closed, and about July 1st, the case was dismissed, cured.

With the exception of one dose of *Puls.* 2<sup>c</sup> for gastric derangement, and one of *Silicea* 2<sup>c</sup> for headache, the only remedy given during the entire course of treatment was *Lach.* 41<sup>m</sup>, and each dose was allowed to exhaust its action before repetition.

Mrs. W. soon afterwards removed to another State; but at the time of her last report (August, 1879) there had been no relapse and the lungs remained healthy.

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#### CLINICAL CASES—DISEASES OF THE EAR.

BY HENRY C. HOUGHTON, M.D., NEW YORK CITY.

*Caries of the Temporal Bone from Chronic Suppuration of the Middle Ear.*—C. R. W., male, aged 29, a sturdy young German, had measles at four years of age, which was followed by suppuration. The discharge continued twenty-three years, without pain. In March, 1878, a severe cold in the head caused pain in right ear. Dr. C. was consulted, who ordered syringing and a blister in front of the ear. The next day patient worse. He was visited by Dr. A., who ordered a slippery elm poultice, hot, every half hour, syringing two or three times a day, and gave two kinds of medicine, one supposed to be *Hepar sulph. calc.* The right side of the head swelled so that the jaws were closed for two weeks. The discharge was profuse, the pain constant. At the end of two weeks an abscess broke below the ear, with relief for a few days. The little bone back of the ear became soft. Dr. A. put a knife into it and tried to rub the matter out, but did not get much. The blood was bright red. Cold water was applied as quickly as possible. While the doctor was rubbing, the pain was severe, and the patient fainted, so brandy was given. Dr. C. was called in consultation. He advised dry application of Chamomile leaves. Dr. A. reapplied the poultices the next day, and kept up their use for *three weeks longer*. About the

10th of May, on attempting to rise, the patient became dizzy and vomited. This occurred two or three times a day for about three weeks. May 25th, Dr. A. sent him to the New York Ophthalmic Hospital.

The foregoing statement is the history to this point, given nearly in the language of the patient. He presented a pitiable state ;—feeble, almost hectic, and very much depressed, in view of a possible operation. The right side of the head was much swollen, the mastoid process red, puffy, and tender to touch, the meatus full of pus of a very fetid odor.

The limits of the membrana tympani could not be defined. The patient was put upon a nourishing, non-stimulating diet, and Capsicum an.<sup>30</sup> given, five grains every two hours, which immediately changed the odor, and caused a flow of more laudable pus. During May and June, Capsicum, Gelsemium and Silicea were the remedies used, and the ear was syringed twice a day, and dried with cotton.

July 7th.—The nurse used a new syringe with a guard, and the return stream being checked, water was forced into the deeper tissues, and the swelling increased rapidly.

July 9th.—Assisted by Dr. William E. Rounds, a free incision was made above and behind the auricle. Some small portions of very friable bone came away, and relief of the swelling followed.

July 11th.—Erysipelas set in below right eye, and extended over scalp. Temperature rising to 102°, pulse 150, and as the temperature fell to normal or nearly so, the pulse was very low, as low as 28\* at one time. Belladonna<sup>3</sup> and Rhus tox.<sup>3</sup> were given, also brandy, milk and eggs, and a sponge bath with soda solution every three hours. After eight days he rallied ; a tent was kept in the incision, which drained it well, the wound being thus kept open four months.

During July and August, Hepar. sulph. calc. and Silicea were given, with occasional use of Gelsemium, if headache occurred. September 17th erysipelas set up again, slight, but on the whole there was steady improvement. October 8th, erysipelas, the face and auricle being involved. Veratrum viride tinct. glycerole was applied over all the surface involved, and Veratrum viride<sup>1</sup> in water given internally every hour or two. Its action was prompt, cutting short the attack, and its use was resorted to in each subsequent attack, November 7th, December 7th, February 1st, 1879, March 5th, April 3d, and

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\* So stated by the nurse.—H. C. H.



May 22d, with equally satisfactory results. The patient had been subject to erysipelas, first in 1870, and in 1873 he had three attacks in a space of five weeks.

By April, 1879, the discharge from the meatus had become thin, but was still very fetid, which led me to give *Psoricum*, one dose each week, as an intercurrent remedy. *Hep. sulph.*, *Silicea* or *Hecla lava* being given daily two or three times. In June the sinus in upper part of mastoid, behind the auricle, had closed, and finding the posterior wall of the meatus prominent, I made an incision down to the bone opposite the angle made by changes in the bone, at about one-half the length of the meatus, during the long history of suppuration. On making strong pressure the wall gave way, and a small quantity of very offensive pus escaped. This sinus was kept open during June and July, but it closed during August.

August 22d.—Patient left hospital, where he had acted as nurse when able to be about. August 27th, while at his home in New Haven, he strained his head and ear by blowing a cornet. The discharge was increased for a few days, and the tissues over the squamous portion of the temporal was much swollen. Patient not seen at this date.

September 2d, 1879.—Much improved. Very little discharge. The tissues dense and apparently healthy. The meatus is narrowed at about one-half its length, the floor raised so that its plane extended would reach the tubercle of the malleus. On passing the opening of the meatus, a probe can be moved up and down as well as laterally, measuring a space much larger than the cavity of the tympanum. The mastoid process is smaller than on the opposite side, but all evidence of periostitis has disappeared externally and internally.

September 24th, 1880.—Patient called at my office. Has been well. Appearances same as one year ago. Cotton worn in the meatus is moistened at times, and a fetid odor noticed, but usually the meatus is dry. *Calcarea phosphorica* was given, to be taken daily with an occasional dose of *Psoricum*.

COMMENTS.—There are two or three matters to be noted in this case. The fact of the long-continued suppuration—*twenty-three years*. Let no one console himself that he is secure because, as years have passed, no serious symptoms have arisen. Any moment may see the advent of serious conditions, and a fatal result be escaped only by a very narrow margin.

The local and internal use of *Veratrum viride* was so effectual in arresting erysipelas that it marked a new era in our method of dealing with this complication of operations.

The internal use of Psorinum as an intercurrent remedy had a decided influence on the disease of the bone. I care little, or not at all, about matters in debate, as regards miasm taint, source of the remedy, etc. If any remedy has an action in arresting destruction of tissue, I propose to use it, "whether derived from purest gold or purest filth."\*

*Periostitis of the Temporal Bone from Acute Suppuration of the Middle Ear.*—J. O., age 50, male, May 8th, 1880. Seven weeks ago had pain in ear from catarrh in head; was treated by Dr. M., who blistered behind auricle, gave powders to produce sleep, syringed the ear frequently; later performed paracentesis and painted behind and above auricle with iodine. The swelling becoming alarming, Dr. Baner, of this city, was called, who directed the patient to my care.

On examination the following appearances were noted. In front of the auricle, on a level with upper border of meatus externus, a swelling, soft, and conveying to the finger the impulse of the artery. The squamous portion of the temporal bone and the upper portion of the mastoid process were very sensitive to pressure, but the mastoid less puffy than the squamous portion. The meatus was normal, except at the inner third; it was impossible to define the juncture of the wall with the membrana tympani. The membrana tympani was so swollen that it was impossible at this time to determine its relations. At the upper portion a shrivelled polypus had an attachment superiorly, but whether within or without the tympanum could not be settled. The pharynx was granular; the Eustachian tube impervious. Hearing  $\frac{2}{30}$ . A deepseated pain and a very grave mental depression were the only marked subjective symptoms. Belladonna was given, in water, every hour, and Hepar sulph. calc. every six hours, dry, and a warm lotion dropped in the ear to mitigate the pain:

Fl. ext. belladonna, aa.

Glycerin, . . . . . 5j

Water, . . . . . 3j

For local use only.

May 9th.—Relief of pain. Occasional attacks morning and evening. May 11th.—Rather better. Pain about 3.30 A.M. daily. No evidence of suppuration in meatus. May 12th.—About the same. Two heavy perspirations last night. Pain severe and deepseated at 3.45 A.M. May 13th.—Saw Dr. Liebold in consultation, who agreed with the diagnosis, but was unable to

\* Jas. B. Bell, M.D., *Homœopathic Therapeutics of Diarrhœa*, page 93.

determine whether the boundary of the inner extremity of the meatus was the membrana tympani or the labyrinthine wall.

May 14th.—Patient entered New York Ophthalmic Hospital very much depressed, and apprehensive of a fatal issue. Belladonna<sup>3</sup>. Hepar sulph. calc<sup>3</sup>. Applied concentrated Petroleum on cotton over temporal, and in the meatus. May 15th.—Pain severe at early morning. Profuse perspiration about the head. Belladonna<sup>3</sup>. Calcareo phosphorica<sup>1</sup>. May 16th.—Same condition; same treatment. May 17th.—Swelling extending more to mastoid. Discussed feasibility of an incision anterior to auricle, to relieve swelling. Postponed cutting down for twenty-four hours, in hope to get better point for drainage. Calc. phos.<sup>1</sup>, Hep. sulph. c.<sup>3</sup>.

May 18th.—Tissues softer above and on level with meatus posteriorly. Decided to operate, Drs. Baner, Rounds, Searle and others being present. Patient having been etherized, a strong curved bistoury was passed into the swelling and brought out anteriorly, clearing the artery. A quantity of pus was evacuated, and, on probing, *denuded bone* was traced forward under the point where the swelling first appeared and back to the incision. Calcareo phos.<sup>1</sup>.

May 19th.—Good night's rest. Good condition generally, except mental depression. Very little pus on syringing the incision with a solution of carbolic acid. Bone *not denuded to-day*; the sensation given on moving the probe is as if it were passing over a fine network of fibres. Calcareo phos.<sup>1</sup>.

May 20th.—Much improved. Swelling less. Heavy perspiration about 4 A.M. Same treatment.

May 24th.—Has been doing well till to-day; complains of dull pain in ear, and dull heavy feeling about the ear. Hissing sound in ear. Silicea and Ferric phosphate every half hour if pain returns.

May 27th.—About the same. The pain has recurred about the same hour each morning, and last evening at 5 o'clock. Patient much constipated; the tenesmus affects the ear. Periostitis has extended lower on mastoid, causing lameness of sterno-cleido-mastoid muscle. Capsicum<sup>30</sup>, in water, every hour during the pain, and Silicea<sup>30</sup> three times a day.

May 28th.—Periostitis less. Used cystotome on tissues in meatus externus, but was unable to determine the relations. Capsicum, two hours; Silicea, twelve hours.

May 30th.—Much better last two days. Removed scabs, etc., from inner extremity of meatus. Unable to define relations even now. Same treatment.



June 5th.—Has improved rapidly. Called at office. The incision is kept open, and injected morning and evening with a weak solution of Carbolic acid. Capsicum. Silicea.

June 12th.—The incision has been kept open, and the sac washed twice daily. Yesterday I enlarged the incision. To-day the tissues are infiltrated, and the flow of pus much increased. Capsicum.

June 14th.—Yesterday I visited the patient at his residence. To-day he is able to call at the office. Much improved. Silicea.

June 30th.—Has improved steadily. A lead style was substituted for the cotton tent until the sac granulated over its whole extent. The tissues in the canal have cleared up until the outlines of the manubrium are clearly defined, and there is now some degree of mobility. The Eustachian tube closed.

September 18th.—Meatus clear. Tinnitus aurium. Hearing improved. Naso-pharyngeal catarrh less. Faradic current used for tinnitus aurium. Kali sulph.<sup>6</sup>.

October 9th.—Seen weekly. Better. Tinnitus aurium gone at times. Same.

November 6th, 1880.—Apparently as well as before the ear was involved. Hearing for watch,  $\frac{2}{3}$ °, right and left.

One of two things is evident. Either the gentleman who stated that he performed paracentesis, failed to do so, or failed to maintain the opening. Had an opening been maintained, the results would probably have been otherwise.

## RECENT DEVELOPMENTS IN SURGICAL PRACTICE.

BY JOHN C. MORGAN, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

AMONG the periodicals are two particularly worthy of surgical notice, viz. : the American (quarterly) supplement to Braithwaite's *Retrospect*, and the *International Surgical Record*. To both I am indebted for interesting matter. Both are important aids to surgical practice.

*Improvement in Instruments.*—One of the most interesting improvements in surgical instruments is the combination of Dr. Otis, of New York, for stricture of the urethra. Dr. Otis's discovery of "strictures of large calibre" led him to determine the fact which made Bigelow's invention of "rapid lithotritry," or "litholopaxy," possible, viz. : that the capacity of the male urethra is much greater than was formerly supposed, as com-

pared with the meatus, which being slit, the larger Bigelow tube easily passes.

Dr. Otis's instrument (here shown) consists of a divulsing dilator and a fine short blade with a long, slender, flexible shank, whereby it moves in a fine groove on the back of the former to the curve, where it conceals itself. This is passed through the stricture, the knife drawn back, and division effected; then the dilator is opened by a screw motion at the handle (measured by a millimeter scale on the top) to the full predetermined normal calibre of the urethra. Bougies are regularly passed afterwards to prevent recontraction. This operation is preferable to either cutting or divulsion alone, being of more permanent efficacy.

DRESSINGS.—1. The most prominent are the *antiseptic methods* of Lister. They will, however, form the subject of a separate paper by another member of the bureau. I will only note the recent report of Professor Lister himself, on tapping the pleura antiseptically for empyema, and dressings on the same principle, resulting in arrest of suppuration. Also Mr. Callender's experience in amputations with Lister's antiseptic appliances surmounted by cotton batting, with enforced rest; he having had no fatal case (at St. Bartholomew's Hospital), within a year, of amputations numbering 30, and scoring 20 successful thigh amputations consecutively. Also Mr. Annandale's success in extracting movable cartilages from the knee-joint by direct incision under the spray, etc., using no drainage-tube. Lastly, the successful dressing of scalp and other wounds with alcohol by other surgeons.

2. Professor Kœnig, of Göttingen, has made a capital use of Sayre's plaster of Paris jacket in *fractures of the spine*. These commonly fatal cases thus become hopeful if treated before incurable changes of the cord, bedsores, etc., occur. He suspends adults in the manner pursued in children with disease of the spine; the patient is restored to the recumbent posture after the application, by a special device,—a board with foot-piece being placed behind him and lowered by the pulleys. Apropos, Professor Sayre declares that the head-suspension should never lift the feet entirely from the floor, as is commonly practised by Kœnig and others.

3. *Ahl's porous felt splints*, patented in Europe and America, are made in this city by saturating the material with shellac dissolved in alcohol, drying, and perforating with needles; afterwards hardening in dilute Sulphuric acid; they are finally washed in cold water, and dried. Before using they are soft-

ened in hot water, then moulded on the part, and hardened with cold water, forming a perfect fit. The same material is declared by the makers preferable to the plaster of Paris jacket for the spine. It is fastened, corset-wise, by lacings.

4. The plaster jacket is also sometimes made with brown paper instead of muslin, forming a basis which neither stretches, shrinks, or wrinkles; is light and elastic, and adapts itself well to the form.

OPERATIONS.—1. *Nerve-stretching*; 2. *Rapid lithotrity*; 3. *Subcutaneous osteotomy*; 4. *Resections of the hip-joint*.

Neuralgia and spasm, and even paralysis, yield to the first nerve-stretching in a surprising manner when the nerves are cicatricially interfered with. *Cut nerves* are also successfully *sutured*, provided the neurilemma only be included in the thread.

Rapid lithotrity is an improvement of great value, and will be presented by another member of this committee.

There are certain operations now in vogue for correcting deformity and ankylosis, true or spurious, after hip-joint disease, as excision, subcutaneous osteotomy, and subtrochanteric osteotomy. The latter secures straightness, with rigidity at the hip; it consists in dividing the femur *below the trochanter*, by means of the Adams saw—having a narrow, rather coarse, short saw at the end of a long shank. This is inserted through a suitable puncture in the outer and upper part of the thigh, and kept close to the bone which it divides. (It is applicable to other bones as well.) After completing the division, the distorted thigh, usually found extremely adducted and overlying its fellow, is treated by the weight and pulley, as for fracture, in the straight position, until union is solid; it is persisted in until muscular contractures can no longer interfere. The antiseptic method improves the chances of success. Professor Volkmann remarks that this is the best procedure: 1. When there are grave contractures with adduction; 2. When only *one* limb is ankylosed; 3. In laboring people; 4. In outward and upward luxation. In cases of great relative shortening we may secure apparent lengthening also by position during the after-treatment; the pelvis with the sound limb tilting to suit. Immovable dressings are finally resorted to. Osteotomy is the preferred operation, also, on general grounds. When, however, both hip-joints are ankylosed, the immobility of one, at least (the less contracted), may well be overcome by making a false joint; also, when but one hip is ankylosed with slight muscular contractures, or



when diseased action still continues, and when the patient's vocation, etc., render this desirable. The operation is similar to the ordinary (Langenbeck's) excision of the head of the femur (also done for hip-disease.) A longitudinal incision is made upon the outer and posterior aspect of the joint, and the soft parts separated from the bone; then, with the chisel this is cut *between* the trochanters, *i. e.*, about one inch below the point of the greater; lastly, the inner wall, partially divided, is broken through for the sake of safety. The limb is now strongly adducted, and the large end of the lower fragment trimmed by chisels, etc., to the dimensions of the mid-shaft, and rounded; it is better to remove too much than too little.

The next step is to secure a good acetabulum in which the new head of the femur may play. This is done by the gouge worked as deeply as possible; the remains of the head of the femur are thus removed. When this bone is much sclerosed, eburnated, or indurated, the proceeding is thereby rendered tedious and difficult, of course; if only fibrous or cartilaginous matter be found between the head and the cavity it becomes easy. Properly guarded, accidental perforation of the pelvis, even, does no great harm; but this should be avoided if possible. The formation of an *over-capacious cavity* is essential to future mobility, and this requires, also, the assistance of great traction by weights,—beginning with 15 to 30 pounds, and rapidly increasing,—especially during the first week or more; the inflammatory conditions aiding, at the same time, by softening the contractures of the limb.

It is equally surprising and gratifying that Volkmann commonly obtains union by first intention; but, no doubt, his use of the antiseptic method in the most skilful manner, accounts for this. Notwithstanding the apparently formidable nature of the operation, it is well borne; but the after-treatment *must* be of the most exact kind.

In case of external or extra-acetabular ankylosis, *after* upward and outward dislocation, the first step should be "osteotomy." If, then, the contractures permit apposition of the fragments in the straight position of the limb, well and good, it is treated as a fracture; but if, owing to the contractures, this cannot be effected, the upper end of the shaft being held far inward, then the reaction is to be completed; the empty acetabulum is enlarged, if need be, and the head of the femur removed, as already explained, and the false joint secured.

5. *Heaton's Radical Treatment of Hernia.*—Dr. Heaton, of Massachusetts, has, for many years, successfully practiced irri-

tative injection into the hernial canal after reduction, prescribing a truss for some months thereafter until consolidation is sure. His syringe has been improved by W. B. de Garmo, M.D., of New York. This instrument, as made by Tiemann, resembles a hypodermic syringe, with a screw piston, having a transverse crescentic handle to accommodate the ball of the thumb; a body, ribbed lengthwise, for better control; and a sheath, consisting of a tubular needle, carrying the blunt syringe-tube to be projected after entering the canal at the external ring; it is then carried up to the internal ring, and whilst it is being slowly withdrawn again, the hand fixes the crescentic handle, and the finger and thumb rotate the body, thus emitting the injection evenly throughout the canal. Beforehand, the air is to be completely expelled by elevating the point and partly screwing in the piston; and finally, about half of the fluid is allowed to remain in the body of the syringe for the same reason.

*Treatment of Traumatic Shock.*—The hot-air bath pushed to the production of warm perspiration has proved effective in this condition. Shock closely resembles the phenomena of many cases of malarial collapse without reaction. This is commonly classed with pernicious intermittent, but that term, in the worst cases of our Southwestern States, is a misnomer, for death is the only intermission, after *progressive local and general congestion and collapse*—of a few days at most. The hot-air bath should be tried in such cases, and is certainly a happy remedy. *Camphor, Capsicum, Aconite, Veratrum vir.*, etc., are, however, of great use when given as indicated, as I have often witnessed.

*Special Risks in Smoking Tobacco.*—*Pharyngitis* from smoking is often marked by anæsthesia of smell and taste, and may cause *deafness* by extension to the middle ear. But a far more formidable result is *mouth-syphilis*! Thus, a person with mucous patches in the mouth or on the lips may poison the pipe for the next smoker. Again, cigarmakers, despite all orders to the contrary, often finish the tips of the cigars with their own saliva. A series of cases of mouth-syphilis have been detected among such operatives of both sexes, and contagion traced to them. A number of gentlemen, members of a London club, thus victimized, are on the list of sufferers.

As the school-day poet says:

“Ye who love the Indian weed,  
Think of *that* when you smoke tobacco.”

DR. HARDENSTEIN'S OBSERVATIONS ON CADMIUM SULPH.,  
CURARE, HEPAR, AND SABBATIA ANGULARIS.

BY CHARLES MOHR, M.D., PHILADELPHIA.

IN a communication to Dr. C. Hering, just prior to his death, Dr. A. O. H. Hardenstein, of Vicksburg, Miss., imparts some interesting clinical cases for use in the *Guiding Symptoms*, from which I am permitted to make extracts for publication.

CADMIUM SULPH. has marked meningeal symptoms, and has been useful in grave cases of cholera infantum, frequently controlling the vomiting and purging in a few hours. It has been mostly used, however, in yellow fever. Dr. Hardenstein says: "I could give hundreds of cases of yellow fever where *Cadmium* relieved the most dangerous symptoms, but no case of this disease in its graver forms can be safely treated without *Carbo veg.*" Among others the following cases are given:

1. Child, aged fifteen months; teething. Excessive vomiting and deathly nausea. The vomited matter consists of yellowish-green semifluid masses, gelatinous almost, and the alvine discharges are much the same. Child cannot move a limb, and is mostly unconscious. Scarcely any sleep, if at all, with eyes open. Eyes dry. Rolling of head from side to side. After failure of *Ipec.*, *Arsen.*, *Bellad.*, etc., *Cadmium sulph.*<sup>30</sup> every hour, continued for fourteen hours, produced quiet, refreshing sleep; the vomiting and diarrhoea decreased, the vomiting before the diarrhoea, and a further continuance every two hours for thirty-six hours was followed by a complete relief of vomiting and purging. *Bellad.*<sup>30</sup> was needed afterwards, the indications being the rolling of the head and the open eyes during sleep.

2. A drunkard suffered terribly with horripilations and persistent nausea, gagging and vomiting, with intense burning in the stomach. *Nux vom.*<sup>3</sup> and *Arsen.*<sup>3</sup> and <sup>30</sup> proved useless. A few doses of *Cadmium* relieved him, and after ten hours' sleep he awakened refreshed and cheerful.

With CURARE, Dr. Hardenstein cured a remarkable case of uterine disease in a patient, aged twenty-nine years, who had had three children. On January 1st, 1870, when she came into the doctor's hands, she had been confined to bed fifteen months. "The mouth of the womb was two inches in diameter, open, funnel-shaped, hard inside, and appearing as if gnawed by mice; there were three soft, translucent tumors, of a reddish



tint, looking like large white grapes, springing from the diseased parts and involving the rectum and anus. The inguinal glands on the left side were indurated, preventing the use of the left leg. The vena saphena was obstructed. Pains were smarting, burning, and stitching. Lachesis<sup>30</sup> was given night and morning for one month, then *Carbo animalis* for one month, and again Lachesis. After *Curare*<sup>30</sup> rapid improvement set in, and in four months she was able to get up, and in eight months was well. Hemorrhoids supervened. In January, 1872, she had another child."

This interesting case was doubtless one of a lacerated cervix, though many of the symptoms remind us of carcinoma. In Houtat's provings of *Curare* (Allen's Encyclopedia, vol. iv), the subjective symptoms of cancer are well defined, and the objective symptoms there noted are as follows: "Lips thick and full of scirrhus tubercles; sores healing very slowly, and passing easily into gangrene; malignant ulcers in different parts of the body; corroding ulcers of a cancerous nature on the cheeks," etc.

Of *HEPAR SUL. CALC.* the doctor writes: "In boils, felons, and carbuncles I use the 2<sup>x</sup> trit., externally on wet lint or as a salve (made up of *Hepar*, wax, spermaceti, and sweet oil), with marked relief, especially in onychia and paronychia."

In these affections Dr. Hardenstein opposes the use of the knife.

**SABBATIA ANGULARIS.**—Dr. Hardenstein's attention was called to this plant by a cure of intermittent fever, made by the patient himself, who took it in decoction, after physicians had prescribed in vain. He had a well-marked quinine cachexia, and was also a sufferer from overdosing with other drugs.

Two cases are given to show the use of the *Sabbatia* in inveterate, nondescript cases of intermittent fever and quinine cachexia.

1. F. M., a baker, living close to the bank of a creek, has two or three paroxysms a day, the chill, heat, and sweat in each being well marked. The symptoms at first simulated Arsen., which rendered some service, but after two days intense desire for beer and other clear Nux symptoms made their appearance. After Nux vom. he was better for thirty hours, when a sudden change set in. He had a chill while sitting up in bed; eyes fixed; jaws immovable; inability to move; does not see or hear. Gelsem. afforded no relief, but after three doses of *Sabbatia*<sup>3</sup>, at intervals of half an hour, sensation and

consciousness returned, and a continuance of the remedy, every two hours for thirty-six hours, resulted in a cure.

2. A woman, aged thirty, had chills for nine months, and received treatment from several physicians, but usual remedies gave no relief. In desperation, *Strychnia* (size of dose not ascertained) was at last given, but the chills returned in twenty-one days, associated with severe headache and thirst for beer. During the heat, turning or moving makes her chilly. *Nux*<sup>30</sup> and <sup>3</sup> were prescribed, but chills returned every other day, and there was a strong expression of quininism. *Sabbatia*<sup>12</sup> was then given, and the chills grew less and less severe. The remedy was continued ten days. On July 17th she passed her twenty-first day without chill, but pain in ankles and limbs reminded her of the day. At this writing, July 21st, the patient has lost much of the dirty sallowness of complexion, and considers herself well. She is a dark brunette, but with blue eyes, and is of a nervous temperament.

The *Sabbatia angularis* is one of the *Gentianaceæ*, and will doubtless prove a valuable remedy. A good proving should be instituted. Dr. Hardenstein has sent some of the tincture with which I purpose making provings.

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#### PLACENTA PRÆVIA—TWENTY-TWO CASES.

COLLATED BY GEORGE B. PECK, A.M., M.D., PROVIDENCE, R. I.

THE most difficult element in the preparation of a report like that presented upon this subject at the last session of the American Institute of Homœopathy, is the proper estimation of the testimony offered. The various precautions employed to secure a correct formulation of the best methods of treating this complication, as established by the experience of our school, need not be detailed. I am naturally skeptical, and several communications were viewed with suspicion—none more so than one received from O. P. Baer, A.M., M.D. of Richmond, Ind. The astounding character of his first statement riveted my attention; nor could I remove it from what proved to be the most thrilling narrative I ever read, until the conclusion was reached.

I at once strove to find internal evidence of fabrication, but failed. Then I sought to learn his social and professional character; every reply was favorable. But not until I met the gentleman at Milwaukee did my last doubt vanish. When I observed his clear penetrating glance, his rapid yet decided

utterance, his intelligent and sprightly converse, and his agile movements, howbeit his profuse locks were silvered, evidently with the frosts of many winters; in fact, when I found in his person the manifestation of those qualities I believe essential to a successful obstetrician, I felt ready to accept almost any statement he might choose to make in that capacity.

Dr. Baer's professional life has been continued through forty-two years. From its very beginning he has enjoyed a large obstetrical practice, far greater than any of his associates, and also, "from some cause unknown to himself" (but sufficiently apparent to the writer, if not the reader), a considerable consultation practice. He has never seen or heard of a case of placenta prævia fatal to either mother or child, whether under his own care or that of his colleagues or acquaintances. Reports of such have reached his ears, but always from a distance or from strangers.

Dr. Baer encountered his first case in the spring of 1842, in a German woman, to whom he was summoned for counsel by a certain Dr. Green ("regular"). Frequent painful clotted discharges had occurred from the fourth month until full term. The variety was apparent partial; the attachment on the left side of the uterus. Considerable hæmorrhage obtained until the head became well engaged. Both mother and child were weak and thin, but did well.

His second case occurred in the summer of 1845, at Hardin, Ohio. It was lateral complete, and in a delicate Pennsylvania German woman bearing her third child. Flooding occurred every month from conception. At labor the hæmorrhage was exceedingly severe until he passed two fingers within the os, and peeling off the placenta from one side pressed it down, permitting the head to engage. This measurably checked the flow, and soon, tearing through the loosened placental edge that partially obstructed its progress, the child was born. It was exceedingly emaciated, but did well.

The third was apparent partial, about one-half the os being covered. The woman, who was confined December 23d, 1845, experienced hæmorrhages every two or three weeks from quickening, yet did not send for her accoucheur until full term. A footling was safely delivered, its style of advent proving, of course, exceedingly advantageous, when a head presented, which was followed, after the safe removal of its possessor, by a third. The common placenta remained some two hours, when it was enucleated, and the consequent hæmorrhage controlled by cinnamon tea, a fashionable remedy with the



"regulars" of that day. Mother and triplets were doing well some years subsequently.

The fourth case, but first after embracing homœopathy, was central, complete, and in the wife of a well-to-do farmer, residing some four miles north of Richmond. She had missed her courses three months, when severe flooding occurred. Her family physician, a "regular," was summoned, and the difficulty passed away for a time. At intervals of three or four weeks it repeated itself, with greater or less severity. Twenty-eight days before confinement, she was taken immediately upon her return from evening preaching. Her physician was called, but after laboring some hours gave her up as dying, and left. Dr. Baer was now hastily summoned. He found everything saturated with blood, and his patient, of course, in great peril. He prescribed *Ipecac.*<sup>30</sup>, a dose every five minutes, for an hour, and followed it with *Bell.*<sup>30</sup> in the same manner. She rallied nicely, and continued to full term. On December 20th he was informed his charge was flooding fearfully, but regular labor-pains had appeared also. Hastening at once to the house, he found the os quite well dilated considering the nature of the case, and the head was much advanced. The placenta bled, of course, whenever pressure was remitted. As the head was practically, if not mathematically, in the centre of the placenta, he punctured upon the approach of the next pain, making a good tear, which the head handsomely completed. External hæmorrhage at once ceased, and the child soon came, accompanied by the placenta, which decorated its hips as a fringe or girdle. The subsequent loss of blood was slight. The lady was a hearty eater, hence the babe was comparatively plump, despite the heavy drain upon its mother's system.

His fifth case, apparent partial, was met in the summer of 1857, at the woman's eighth confinement. He was called at two o'clock in the morning to consult with a "regular" physician, and found at least two-thirds of the dilated os obstructed. The hæmorrhage was alarming, as the patient fainted after each pain. The physician was completely terror-stricken, never having witnessed such a scene. *Cham.* was administered, and the placenta gradually torn and depressed as the head advanced. Delivery was soon effected, but, lo! another pair of feet presented. Fortunately, there were two placentas, that of the first coming with the second child. There was little subsequent flooding.

His sixth case, central complete, was in the spring of 1861, likewise a consultation, this time with a homœopath. Labor

had advanced considerably, and he found the woman suffering from extreme thirst, lying in a mass of gore, with sick, sinking spells, weak pulse, and extremities cold and clammy. He administered a dose of *Ipecac.*, and made his examination. Turning to the family physician, he said: "Please puncture the placenta with your hand, and save your reputation, and both mother and child." He replied: "I never did the like, and will not do it now, as I am afraid of the result." No time could be wasted in ceremony, so Dr. Baer at once operated, completely severing the placenta at the onset of a hard pain, which sent the head directly through. The placenta was badly torn, but came without delay. Mother and child were much emaciated.

His seventh and eighth cases, both apparent partial, were attended in 1864. With one he was compelled to secure premature delivery between the seventh and eighth months. It occasioned severe suffering and considerable flooding, but both mother and child did well. With the other there was a constant show through the entire term. The child was cyanotic, but still lives (August 18th, 1879).

His ninth case, apparent partial, occurred in 1875. Hæmorrhage commenced after quickening and continued uninterruptedly, with slight exacerbation upon exertion, until confinement. Labor was hard and tedious. *Belladonna* seemed to exert a restraining influence upon the hæmorrhage.

His tenth case, central complete, was treated in February, 1879. There had been occasional hæmorrhages, but they were severe and exhaustive. The remedies employed were *Bell.*, *Cham.*, *Ipec.*, *Helonias dioica*, and *Crocus sativus*. At confinement, *Bell.* was used until just before it was time to puncture the placenta, when the woman became very sick, vomited, and nearly fainted. *Ipecac.* was administered and the operation at once performed. Flooding and all unusual trouble at once ceased.

His eleventh case, apparent partial, was finished on the night of October 13th, 1879. This was about two months subsequent to the date of his first report, wherein he mentioned having one under supervision. The child was carried quite low the last few weeks, and there were pretty constant nocturnal pains, almost equalling true pains. When labor actually commenced, the head was well within the lower strait, thus preventing hæmorrhage; it continued only an hour. The placenta adhered, however, nearly six hours, occasioning some hæmorrhage, which was held in check by *Secale cornutum*,<sup>30</sup> administered every half hour. The mother suffered from pro-

longed after-pains, which persisted until the milk freely appeared. *Cimicifuga* exerted a quieting influence upon them.

Since "nothing is more successful than success," criticism of such a record is extremely perilous. Yet few physicians would consider themselves excusable in neglecting, under conditions similar to those which obtained in case four at the eighth month, the cotton tampon, the Persulphate of iron, or both. These cases merit careful consideration; they indicate that the lives involved depended chiefly upon the keen observation, sound judgment, and prompt action of the accoucheur.

Dr. Benjamin Ehrmann, of Cincinnati, Ohio, was called in consultation some twenty-eight years ago by two "regular" physicians, to a woman who had suffered from hæmorrhage more than twelve hours. Examination revealed a case of central complete placenta prævia. He immediately perforated the placenta with the finger, which brought down the presenting part of the child, and arrested the hæmorrhage within five minutes. Labor now progressed speedily, and in less than half an hour delivery was accomplished. The mother survived the birth of a still-born child but a few minutes. Dr. E. properly remarks that the physicians in charge of the case should have performed this operation at once, and sustained her system meanwhile with proper nourishment, especially milk.

Eight years later Dr. Ehrmann was summoned by Dr. A. Bauer to see a primipara with central complete placenta prævia. Similar proceedings were suggested and executed, resulting in the safe delivery of a living child with reasonable promptitude.

After ten more years elapsed, Dr. E. was requested to prescribe for morning sickness in a lady recently married. This he cured with one dose of *Ipecac*.<sup>30</sup> During the later part of gestation she had monthly hæmorrhage to a moderate extent, which suggested this complication. Parturition was attended with considerable flooding, but as it was a mild form of apparent partial no operation was required. Mother and child did well. He emphatically urges, "always give the remedy indicated by all the symptoms of the patient," suggesting as frequently required, *Arnica montana*, *China*, and *Secale cornutum*.

Dr. H. H. Darling, of Keene, N. H., reports that his first experience in this direction, was with an apparent partial. While manipulating rather hastily, in order to determine the presentation, his fingers penetrated the amniotic sac at or near



the placental margin. The liquor at once escaped, the uterus contracted, and all alarming symptoms ceased. The child was dead, however, hæmorrhage having commenced about the seventh month.

His second case was central complete. Hæmorrhage commenced soon after quickening, and continued at intervals of two weeks until confinement. China, Bell., Puls., and Ipec. were administered, and the patient kept in absolute rest at such times. At labor, he punctured the placenta with a catheter as soon as dilatation allowed him to ascertain the exact condition, and permitted the water to escape. As soon as he could introduce his hand he rent the placenta sufficiently to permit the child's exit. It survives as well as the mother.

He was once called to a central complete by an eclectic, since deceased. The mother was nearly exhausted when he reached the bedside, but he delivered with forceps a living child, though she sank immediately from loss of blood. Her friends stated she had "flowing spells" from the commencement of pregnancy.

Dr. E. D. L. Parker, of Pawtucket, R. I., attended a case of lateral complete, where hæmorrhages were quite frequent for the last three months, and perhaps for a longer period. At last they became nearly continuous. Quiet recumbency was enjoined and *Viburnum opulus*  $\theta$  exhibited, also *Secale cornutum* fl. ext. Near the end of gestation cold and astringent injections were employed. At delivery the placenta was detached from one side and drawn down, permitting the head at once to occupy the space, and by its pressure prevent fatal result to child or mother.

Some time afterwards he was summoned in great haste by a "regular" practitioner to assist in an accouchement. Upon arriving at the house he found the woman dead and undelivered. Examination revealed central complete, a well-dilated os, and the placenta detached somewhat in excess of dilatation. The attending physician was with her several hours, but persisted in sleeping on a lounge in an adjoining room, though informed by the patient's mother that she was flowing badly. When he learned the true nature of the case he immediately sent for assistance, and was waiting for the same when she died. It should be added that the doctor did not have the patient under observation previous to the attendance referred to. No facts concerning gestation could be ascertained.

About a year since Dr. Parker met an apparent partial. The first hæmorrhage occurred at the sixth month, and con-

tinued at intervals of three weeks until nearly full term, when it became almost continuous. Quiet recumbency and *Viburnum opulus* was the treatment. At delivery the hæmorrhage was not alarming, but the placenta retarded labor both by the space occupied and by hindering equal dilatation. Mother and child did well.

Dr. J. McE. Wetmore, of New York city, reports that he has met the complication but once in a more than twenty years' practice, and then in consultation with a "regular" physician at some distance from the city. He found at 6 P.M. the head well down on the perinæum, and in a few minutes it was delivered. The child was dead, but the mother recovered after a tedious illness. She has since miscarried about the second month. The first indication of misadventure was the inception of labor at 12 M., with a profuse gush of blood. The attending physician could give no definite account of the case, nor did he seem to appreciate its nature or danger, for no effort was made by him to hasten labor or retard the flow of blood. Fortunately, nature could measurably dispense with his services.

Dr. S. Leavitt, of Chicago, Ill., reports a case of apparent partial on the evening of January 3d, 1879. Soon after the advent of parturient efforts the mother began to lose considerable blood, and he was at once summoned. Before he could reach the spot, however, there had been a number of "gushes," during which a considerable quantity of blood was lost. He found the woman thoroughly alarmed and somewhat reduced. The os was about as large as a quarter dollar, and the finger on passing through, plainly felt the margin of the placenta. For nearly five weeks there had been a sanguineous discharge at long intervals, but in such small quantities as to excite no alarm. As the os was neither dilated nor dilatable, and the flow continued, the vagina was packed with strips of muslin (*Occidentalism* for plain cotton cloth), and the case attentively watched. The pains continued moderately frequent and forcible. After three hours the tampon was removed, and the os found to be somewhat larger than a silver dollar, the membranes remaining intact. Hæmorrhage recurring, the sac was ruptured, but without marked effect. The vertex was presenting with occiput at left acetabulum; so, other conditions favoring, Budd's forceps were applied and the head extracted without delay. The child, a large male, was rather reluctant to breathe, but was revived without much difficulty. The mother did well.

Dr. Leavitt remarks the importance of distinguishing between a dilated and dilatable os uteri. Should the accoucheur feel obliged to await dilatation, death might occur despite his best endeavors, whereas simple dilatability permits version or the forceps, whose use insures life.

The nomenclature I have used in speaking of this complication should especially be employed with students, as it conveys distinct impressions to the mind.

A fourth variety, not unfrequently met, yet seldom causing serious trouble, is the concealed partial. The differentiation of the four classes can readily be determined by a comparison of their names.

If the reader's patience be not exhausted, I will present at a later date, a collection of cases quite as instructive in character but less fortunate in termination. No clue will be afforded, however, as to time, place, or name of accoucheur.

## FRACTURE OF THE FEMUR.

BY JAMES B. BELL, M.D., BOSTON, MASS.

(Read before the Maine Homœopathic Medical Society.)

FRACTURE of the femur, at so early an age as twenty-two months, is certainly a rarity. The little fellow fell down a flight of carpeted stairs while left a few moments by himself. Just how the fracture was caused is difficult to surmise, as there was no bruise of the soft parts to indicate that the leg had been caught in the balusters.

The apparatus applied was the outside long splint, with perineal band for counter-extension, while extension was made with plaster and foot-pieces, fastened with strong cord to the cross-piece of the splint, and kept tight by a wedge. The same splint was also applied to the other leg, a precaution which is always advisable with children, in order to secure the necessary immobility. Three short splints were also applied on the fracture, which was in the middle of the femur and, as usual, oblique.

The great difficulty in fractures of this kind in young children is to prevent continual soiling of the dressings by urine or fæces. To overcome this a fracture-bed was constructed on the spot by tacking sacking across the crib to two side slats, covering this with a thin comfortable, and the latter with an enamelled cloth. A hole cut in the middle of the bed allowed the fæces and urine to drop through upon cloths slung to re-



ceive them. The dressings were also protected by oiled paper, prepared from common good wrapping-paper smeared with lard, cut to fit the groin, and wrapped around each limb. With care on the part of the nurse these answered admirably, and the patient was kept quite neat and clean.

Much care was taken to prevent injury from the perineal band by padding with cotton, which was frequently changed, but without loosening the band. A slight irritation under the band and one small ulcer occurred toward the last, from the constant presence of urine; extension and counter-extension were maintained throughout.

The splints were all removed on the forty-second day, and the result was a perfect limb without a trace of shortening.

The small amount of provisional callus remaining at this time showed that the movement of the fragments during the treatment had been very slight, as it is now established that when absolute fixedness is maintained there is no provisional callus.

Although the success was so good, I think that in another case at this age I would try Bryant's method of suspension, by which both legs are hung to supports above the bed or to the ceiling. The weight of the body furnishes the counter-extension, and no splints or perineal band is required. This method is, of course, only suited to children, with whom it must also serve an excellent purpose in making it easy to keep them dry and clean.

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## FERMENTATION AS A PROCESS IN THE DISINFECTION OF ROOMS AFTER SMALL-POX.

BY J. P. DAKE, M.D., NASHVILLE, TENN.

ONE of the great objects of sanitary science being to prevent the rise and spread of contagious diseases, and as disease *contagium* may remain in bedding, clothing, carpets, furniture, and walls and wood-work of rooms, long after their use by the sick, it is important for us to note any measure successfully adopted for the destruction of the *materia peccans* thus perpetuated.

Having had some experience, which seems to me of value, in the disinfection and cleansing of apartments that have been occupied by small-pox cases, I venture to speak of its lessons here. Some years ago, having occasion to vaccinate a large number of children in a short space of time, I dissolved a crust in a half drachm of distilled water, and carried the solu-

tion in a small bottle very tightly corked. The time being midwinter, I did not fear an early change in the contents of my bottle; but, rather to my surprise, not a vaccination proved successful performed three or more days after the making of the solution. The uncorking of the bottle in warm rooms, together with the warmth in my pocket, had occasioned fermentation sufficient to destroy the vitality of the germs.

Analogy suggested to me that the germs of variola might, in like manner, be destroyed by a due supply of heat and moisture.

Judging the unseen by the seen, the impalpable by the palpable, I felt justified in the inference that the invisible seeds of small-pox, in their menstruum of fermentable matter, as thrown off from the human body, would be disorganized and so, completely destroyed by fermentation.

About seven years ago a good opportunity was afforded me for a test.

I had a case of small-pox, one of uncommon severity, in one of the most scrupulously kept dwellings in our city. The necessity of preventing the spread of the contagion was imperative.

I will not speak of the measures resorted to during the progress of the disease, farther than they relate to the care of the room for the protection of those without. All unnecessary articles of furniture were removed at the outset, and all persons, except those in close attendance upon the patient, were kept from the sick-room, and even from the hall leading to it.

In accordance with my view of disinfection by fermentation, I had the temperature of the room brought up and maintained at 70° F., contrary to the prevailing sentiment of the profession, which enjoined a low temperature. And I would here remark that there is no good reason for chilling a person having small-pox and making attendants uncomfortable by means of cold; on the contrary, there is positive good in warmth.

When my patient was able to leave the room, I had every article of clothing, bedding, and furniture in use left in its place. The heated air of the furnace was turned on through the open register, and the doors and windows kept tightly closed.

To secure sufficient moisture I had screens of cloth, well saturated with water, placed in front of the register, so that the heated air must necessarily pass through them.

As a result the temperature was maintained at very near

100° F., while the moisture was abundant, for more than twenty-four hours.

After becoming dry and cool all articles of little value were taken out and burned.

The furniture and woodwork of the room were properly washed ; but the carpet, a heavy Brussels, was left upon the floor. I should also mention that, during the progress of desquamation, every particle of crust thrown off, large enough to be visible, was picked up and put in sand kept wet with a solution of Carbolic acid, the sand being emptied every day into the furnace. Not a person employed about the house, nor in houses closely adjoining, nor in that quarter of the city at that time, nor at any time after, took small-pox. Not even a case of varioloid occurred, except in the father of the patient (who, though in immediate attendance, declined re-vaccination), whose case, however, was very mild, exhibiting not over a dozen pustules.

The following year I had another case, also in a populous, quarter of the city, a severe case in the person of a strong man.

The sick-room was warmed by a stove, by the heat of which a proper temperature was maintained during the progress of the disease, and for disinfecting purposes afterward. I instituted substantially the same measures as in the case already mentioned, with entire success.

Not a person contracted small-pox or varioloid from the person or premises of my patient. I should remark that, in both cases, my directions were most intelligently and faithfully carried out.

I may not be warranted in the conclusion, from these results, that heat and moisture associated so as to favor fermentation will always destroy the remaining germs of small-pox ; nor, even, that they did so in the cases mentioned. The presence of lightning-rods on high buildings exposed to thunderstorms may not, in the event of the escape of those structures from lightning-stroke, be assumed as the sole means of safety. The *post hoc* may not always be the *propter hoc*.

The sanitary as well as the medical world has had abundant examples of important errors as to cause and effect, and in the line of grand conclusions from very insufficient premises.

But in the present case let us look at concurrent proofs.

It is well known :

1. That the vitality and power of reproduction in all seeds is best preserved in a dry cool atmosphere ; and,
2. That their vitality and power of reproduction (in the



absence of soil for growth), is soonest destroyed or exhausted in a moist warm atmosphere.

It may be objected that warmth and moisture favor the germination of seeds, rendering them all the more active.

Granted; but of what consequence are the germination and activity when the field for their growth and fruitage is not present?

I am well aware that the nature and habits of all disease-germs are not the same; that while some are morbidically more potent and active when first thrown off from the human body, others are not at all active at first, seeming to depend upon a *nidus* and a peculiar state of the atmosphere without to occasion their sporulation and effectiveness. Manifestly there is a difference, in states of being as well as modes of action, between the seeds of small-pox and those of yellow fever. The former exist longer in a cold atmosphere, and act directly without regard to time or place; while the latter exist longer in a warm atmosphere, and act indirectly, or only when the influences of season and locality favor.

And, yet I think, it is not too much to say that the vast quantities of yellow fever germs perish by fermentation; and that the progress of epidemics of that dreaded disease is greatly checked, perhaps effectually subdued, in tropical regions by its disinfecting powers. But we must not wander.

It is well known, again:

1. That the spread of small-pox, other things being equal, is greatest in cold dry weather.

2. That it seldom prevails extensively in warm weather, especially in localities having a humid atmosphere.

I claim that these facts can be properly accounted for upon no hypothesis, except that the virus is impaired, its germs destroyed by the natural processes of fermentative decay.

It will be observed that I have based my measures of disinfection upon no special or peculiar theories of fermentation.

It matters not whence come or what may be the nature of the essential factors of the work we call fermentation, so long as we know the results and are able to govern them through exciting and retarding causes.

The kind of fermentation of which I have been speaking is, doubtless, that known as putrefactive, although the lines are not yet distinctly drawn between that and other kinds of fermentation.

For my present purpose the term fermentation is sufficient.

In view of the fact that disinfection, in the case of variola

at least, cannot be effected by a reduction of temperature, and very indifferently by means of powerful chemical reagents, I would urge the trial of this ready process of nature in the restoration of clothing, bedding, furniture, and rooms after their use by the sick.

Such has been the prevailing dread among medical men and sanitarians of zymotic influences and zymotic affections,—of ferments without and within the human body,—it may not be easy to induce them to surrender the varied and powerful means so long used to *subdue and prevent fermentation*.

It may take yet more experience, more failures, to stay the hand of useless art where the simple processes of nature, undisturbed or gently aided, should prove all-sufficient.

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#### ANISOMETROPIA, OR UNEQUAL VISUAL MEASUREMENT.

BY BUSHROD W. JAMES, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

WE frequently meet with cases of defective refraction in which there is an unequal visual power in the two eyes. The range of accommodation may be extremely limited in one eye and quite extended in the other, or the refraction may be highly hypermetropic in one and but slightly so in the other. With regard to myopia, also, the same asymmetry may be found; or one eye may be emmetropic and the other either myopic or hypermetropic, or astigmatic.

The aphakia produced by cataract operation in one eye is probably the most marked instance of anisometropia. These are all of a permanent character, and have to be remedied by the proper correcting lenses. The defect may, however, be produced by paralysis of the accommodation in one eye, while the other is unaffected, or we may have a spasm of the ciliary muscle of one eye and not of its associate. Under the same term will also come the traumatic or congenital displacement of a lens in one eye.

In the examination of refraction cases, we occasionally meet with patients who use one eye for near work and the other for distance, the peculiar facility which the eye has of temporarily *refusing* to see objects, very readily permitting an individual so affected remaining for a period of years without detecting the strange anomaly, and it is only when the eyes are placed under the proper scientific examination by the ophthalmic surgeon that the defect is discovered.

Nature so frequently adapts an organ in an abnormal condition to the performance of its normal functions, that the common faltering in the accomplishment of its duties is comparatively unnoticed by the individual, much in the same manner as a lame lower extremity will permit its possessor to perform the function of walking, although in an enfeebled and imperfect manner. So with vision, in cases of strabismus, one eye being drawn out of the visual axis and unable to converge accurately with the opposite eye, cannot see the object or can see it only partially, and therefore refuses to take cognizance of objects apparently before it, leaving the picture of the object to be taken by its companion. This may continue for so long a time that the retina gradually loses its visual power, simply from lack of exercise, and a certain amount of amblyopia follows. If this has not progressed too long, the impaired eye may be able, in a measure, to see the same object as the normal eye.

When sight is cut off temporarily from the unaffected organ, this fact becomes apparent, and the defective one performs its office with a tolerable amount of accuracy, unless the lack of use has been of considerable duration. In case of a highly myopic eye on one side and an emmetropic eye on the other, we know that the former cannot see objects at a distance, and hence the latter must necessarily act of its own accord in all distant vision. Then, again, in order to read well, the individual soon gets into the habit of bringing the type into close proximity to the visual organs, by which means the myopic eye alone observes the printed matter with distinctness and comfort, while the increased action of the ciliary muscle in effecting a sufficient amount of accommodation for the other eye to observe well, soon fatigues that structure, in which event that eye refuses to take part in the labor and consequently refuses to see, thus, in time, throwing the entire burden upon its myopic neighbor. Weeks, months, and years of this kind of training gives rise to a very troublesome class of cases to the refractionist, and one which he can only by great patience and training hope permanently to overcome, even after he has corrected the refraction with the proper lenses, for he will either be bothered in obtaining the proper convergence, or else he will find the difference in the apparent size of the object, as viewed by each eye, so out of proportion that great discomfort and confusion is caused by any persistent attempt at near work by the simultaneous use of both eyes. Now how are we to proceed in remedying such a case.



First, we must ascertain whether or not the eyes will work in unison. We know that the weakest eye is the one to be ignored if a choice between them is requisite. We ascertain, then, if binocular vision is obtainable at any point. If so, Donders lays down the rule to extend the same over a larger field by the selection of proper lenses, giving the choice to the eye with the most acute vision, and where there is very little variation in the refraction of the two eyes, the one with the greatest sharpness of vision, as a rule, takes the weaker glass.

Now should we fit each eye separately with its special correcting lens and compel the patient to wear lenses of varying focal length? Certainly not; and especially so if the individual has been accustomed, either in different degrees of hypermetropia or different degrees of myopia, to use binocular vision for ordinary work. Hence, we are in the habit of fitting the best eye and giving lenses of equal focal length, and thus depend upon the ciliary muscle for some assistance in the other eye, as the case may require. Within a certain limit, lenses of different focal length may be used without special detriment, although experience proves that it is generally best not to make such a selection. Beyond this limit, however, this could not be done even if we so desired, for outside of this limit, diplopia will result, the one eye seeing the object (such as letters) much magnified and the other observing the letters much diminished in size. This, of course, causes a deviation in one or the other eye, a result which we must always avoid.

Occasionally, however, we find eyes will bear a difference of one or two numbers better than lenses of equal focal length. We are then obliged to select in accordance with what the eyes will accept, rather than hazard discomfort to the patient by inflexibly following the rule just laid down.

My own plan is, where the anisometropia consists in an emmetropic and a myopic eye, to correct the myopia and let the emmetropic eye have a plain glass, or if presbyopia be present, even a suitable plus, and then endeavor to train by systematic gymnastics the emmetropic eye to accommodate and converge sufficiently for general use. If the emmetropic eye has formed the habit of performing distant vision only, I give it more or less near work to perform alternately with its fellow, by frequently cutting off vision in the other for a short time. Thus we are able, in many cases, to obtain simultaneous use for near work with both eyes, provided the myopia is not so great as to render such a result impossible. Where emme-

tropia and hypermetropia exist in the same individual an analogous result is also aimed at.

If hypermetropia be present in one eye and myopia in the other, and no great amount of amblyopia exists, I fit the myopic eye for reading purposes and let the hypermetropic one go. The use of each eye separately in this manner will be sufficient to prevent amblyopia occurring in either eye, a very important matter to attend to, for in the event of the myopic eye failing, the other will in all probability be made useful, by proper training and glasses, for near work. In some cases the myopic eye will not even require correction by glasses, especially if the amount is not very great, or presbyopia should have occurred and be advancing. In some of these conditions an occasional anomalous case will occur, where the eyes prefer to act within refraction, both fully corrected. If strabismus should be a complicating factor, it is quite possible that it will have existed for a sufficiently long time to induce a considerable amount of amblyopia in the deviating eye. This is revealed in the course of the trial of the refraction of each eye, and cannot be remedied to any great extent by any system of training.

If we have a divergent deviation, binocular vision is out of the question; nevertheless such eyes may not be entirely useless, and it may be necessary to correct the refraction in each eye, if they vary after a tenotomy corrects the deviation.

These would seem to be very difficult cases to treat, but experience proves that they are not so troublesome (unless considerable amblyopia has resulted) as those in which binocular vision exists; for we here fit the better eye with its correcting lens for the hardest work, and train the weaker eye to more or less use in order to prevent increased amblyopia. This we do by frequently and systematically excluding the good eye for a short time at frequent intervals. If in outward deviation, one eye has accustomed itself to near work and the other to distant, Donders says "they must continue to fulfil their task."

If there be a permanent paralysis of the accommodation, glasses may be required to give the eye distinct vision; but, as the refraction is here stationary in that eye, the selected glass answers its purpose only at one special distance, that for which the correction is made.

In such cases, however, the paresis is generally more extensive, and we usually have, in addition, a complicating deviation.

Where anisometropia results from spasm of the accommoda-

tion from any irritating cause, if the eyes be emmetropic, no glasses will be required; a mydriatic to overcome the spasm being the essential treatment. The myopia which is induced by ciliary spasm can be easily detected by such a remedy, and hence the importance of the use of one of these agents in all suspected cases, or in all cases where the refraction has changed rapidly from emmetropia to a progressive or an apparent permanent myopia.

In any or all of these cases of anisometropia, we should keep them under observation for a considerable time, and not be hasty in the permanent selection of glasses. This will enable us to give the eyes a fair trial, and to select lenses as comfortable as possible; and these will not always prove to be the ones we should choose on purely theoretical grounds after working out the entire refraction.

#### PROVING OF EUCALYPTUS GLOBULUS.

BY MORRIS WEINER, M.D., BALTIMORE, MD.

(Read before the Maryland Homœopathic Medical Society.)

THIS tree has been extensively used, in Europe as well as here, as an antiperiodic, in place of Cinchona. In Allen's *Encyclopædia* we find provings, which give no distinct indications of its use in practice, but are, nevertheless, sufficiently prominent to induce additional experimentation.

I took one ounce of the leaves of the Australian fern, or gum-tree, to one ounce of strong Alcohol (95 per cent.), and made a tincture, which I used in the two following provings; one being made in June last, and the other in October. Was perfectly healthy, sixty-nine years old; pulse 60.

June 1st, 1880.—Took ten drops of the tincture, in a teaspoonful of water, at 10 A.M. Sore pain in the upper incisors after ten minutes; taste for several hours bitter and astringent; raw feeling of the tongue; burning in the sternum and bowels. Ten drops, 6 P.M.; bitter, pitchlike taste; difficulty in falling asleep.

June 2d.—Sixty drops of tincture; stool natural, but insufficient; tips of fingers very cold; chills running down the back; soreness of both heels, as if I had walked too much. One hour after taking the drug, stitches in spleen and left inguinal region; sore pain in trachea and posterior nares during empty swallowing, from 8½ P.M. until midnight; burning in the palms of the hands; feverish all over; pulse 76.

June 3d.—Sixty drops of tincture; sore pain in trachea and



posterior nares, continued during empty swallowing ; tips of fingers very cold ; palms burning hot, very feverish. Pulse 76. Stitch in the sole of left foot, near the great toe ; tingling in the lower extremities, as if they were asleep ; flushes of heat, with sudden perspiration ; unusual drowsiness during the day ; difficulty in falling asleep ; unusually sleepy in the morning, as if I had not slept at all.

June 4th.—Thirty drops of tincture ; asthmatic, with crampy feeling in the chest and back ; pulse 75 (in the evening, regular, 60). Thirst ; pulsation in the forehead and giddiness.

June 5th.—No medicine ; posterior nares greatly inflamed and smarting ; thick whitish discharge in hawking ; violent sneezing three and four times in quick succession ; mental depression. Urine much diminished ; no urination during the night, a circumstance which had not previously occurred for years, and next morning less than the usual amount. Tickling and smarting in the throat ; short, hacking, incessant cough in the evening ; weak feeling in the chest ; expectoration scanty, transparent, tasteless, mucous. Soreness of the lower lip. Palms of the hands burning, which creates a desire to grasp cold objects ; flushes of heat ; sweat towards morning. Very weak feeling, which lasts for several weeks.

A second proving of the drug, continued from October 7th to October 11th, 1880, developed the same symptoms. Burning of the palms of the hands ; chills running down the back and posterior sides of the legs ; eructations tasting of the drug ; cold fingers. Pulse 76. Night sweats. Loss of appetite during the time of proving ; thirst ; throat-symptoms the same as observed during the first proving.

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## ON ANTISEPTIC SURGERY.

BY J. E. JAMES, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

No one thing, probably, is more desired by the surgeon than a certain means of hastening the healing of a wound and the prevention of unfavorable constitutional and local symptoms during the progress of repair. These are the objects that are claimed as being secured by the "antiseptic dressing." Without discussing any of the other substances recommended by some, it may be stated as a generally accepted fact, that of all the antiseptic drugs, Carbolic acid offers the greatest advantages and convenience. 1. It is known to possess the power to destroy bacteria (or germs). 2. It is volatile, and by its spray the surrounding atmosphere can be thoroughly impregnated ; and, 3. It is freely

soluble in a great variety of liquids, such as oils, water, etc., thereby enlarging its sphere of application and enhancing its useful properties. Professor Lister, the great apostle of the antiseptic dressing, has applied himself so thoroughly to its development, and has laid down the rules and methods of its application with such accuracy, that its use as an antiseptic has assumed his name, and is now known as Listerism. The points claimed as absolutely necessary for the accomplishment of the object are: First, that a pure article of Carbolic acid should be used, the inferior and cheaper articles being too irritating to the wound, which is not the case to anything like the same extent when a pure article is used. Second, that not only the part operated upon or wounded should be thoroughly cleansed by the carbolic solution, but the surrounding tissues also, as well as the hands of the operator and assistants, and all instruments used in the operation, so that no foreign substance, such as grease or dirt, holding the septic bacteria, can remain beneath the dressing. Third, that the atmosphere immediately around the wound or part operated upon should be impregnated with the antiseptic. (This is best accomplished by vaporizing the acid. If the steam spray is used for this purpose, great care must be taken, lest an obstruction in the tube leading from the acid solution should prevent the antiseptic from mingling with the steam jet.) Fourth, the solution must not be brought into direct contact with the wound in the permanent dressing, on account of its irritant and caustic properties. (Hence the protective or oil-silk, applied immediately on the line of the incision or wound, is necessary to success.) And, lastly, the carbolized gauze, both the wet and the dry, should extend some distance around the wound, and be bound on, so as to prevent any air coming in contact with it without being first filtered through the carbolized dressing. Of course all subsequent dressings must be applied under the same rules of care as the first one. A careful attention to the foregoing points is said to give a far more favorable average than any other method of treating wounds of operations or accidents. A thorough belief in the antiseptic method, of course necessitates a belief in the theory of the septic germ contained in the air as being the cause of unfavorable symptoms, and not the admission of air itself. It was doubtless a belief in this theory that led Professor Lister to his search for a method of destroying the germs. The results gained are claimed to be the prevention of changes in the pus (from healthy to unhealthy), favoring the organization of the blood-clot, and removing the necessity for the frequent dressings which tend to disturb the process of repair. The

constitutional symptoms are reduced, so it is claimed, to the minimum, the temperature rarely rising much above the normal.

So great a change in the time-honored methods of treating wounds attracted the attention of eminent surgeons throughout the world, and a large proportion of them were soon convinced of its value and importance. Still we find that the experience of others, and the results of the use of the antiseptic method in a large number of consecutive cases, leaves room for some doubt as to its unfailing efficacy. The length of time required for recovery, the degree of constitutional involvement, and the rate of mortality have not invariably borne testimony in favor of Listerism. Moreover, the inconvenience attending its use in private practice must tend to restrict its employment to hospital surgery, at least until its superiority over the ordinary method is more conclusively demonstrated.

Since its introduction, however, operations that heretofore were regarded as so dangerous as to be justified only by supreme necessity,—those involving the great cavities, or the large joints, and others,—are now of frequent and successful performance. The lessened mortality recorded by the great ovariotomist, Spencer Wells, the improved success of operations for genu valgum under the new method, and the results of other operations of like import, have been sufficient to induce most surgeons to allow their patients the benefit of any doubt which might chance to exist in the operator's mind.

Another special advantage has doubtless been gained, viz., the power of more certainly and more thoroughly disinfecting the wards of hospitals, thus accomplishing what was before almost, if not quite, impossible by mere cleanliness and ventilation, however scrupulously attended to.

Notwithstanding the almost essential value of Listerism in many operations, there is but one I believe in which it has been shown to be positively harmful, viz., tracheotomy. I am convinced from all I have observed of these cases in the hands of different surgeons, that the irritation caused by the direct inhalation of the spray does greater injury by increasing the inflammatory condition of the bronchi and lungs than can possibly be overbalanced by its antiseptic properties; hence its use in this operation has been abandoned by several eminent surgeons.

When the fires of opposition and comparison, through which Listerism is now passing, have ceased to burn, it will no doubt be found to possess a grand field of usefulness, the exact extent of which cannot as yet be defined.



## Miscellaneous Contributions.

### J. C. M.'S "REVIEW."

IN the December number of the HAHNEMANNIAN, a gentleman, with the above initials, takes issue of fact with some statements in my "Review of the Bureau of Materia Medica." If I have misstated the position of "J. C. M.," I shall hasten to make the proper correction. But after looking carefully over the list of names of "eminent homœopathists" referred to, I am unable to find one with the initials "J. C. M." Again, if I have drawn unwarranted inferences from the context of any or all of the papers, no one save the misrepresented author can have the right to take issue with me unless he adopt the customary methods of controversy, and quote the disputed passages, in order that an impartial reader may be able to judge between us.

If any one of the gentlemen referred to by me objects to my inferences, it is in order for *him* to make known his objections and *define his position*. It is important that in this contest between Hahnemannism and Jenichenism, the position of every man should be clearly defined. And in such definition it is *not* proper to obscure the record with mere initials that may be common to fifty persons.

It may not be out of place to remind "J. C. M." that my review deals with papers and not with men—with records and not with abstract opinions. That Professor J. Edwards Smith's papers constitute a fair argument against the 30ths as reliable pharmaceutical preparations, I think is fairly inferable from the following concise statements:

"*Fifth.* The popular idea that particles of Gold are ten times smaller in the 2d decimal trituration than in the 1st decimal, is very far from being correct. Nor are the particles of Gold in the 3<sup>d</sup> ten times smaller than in the 2d decimal trituration. These are plain facts and are easy of demonstration.

"*Sixth.* In all triturations of Gold examined by me from the 1st to the 6th fully 33 per cent. of the metal escapes subdivision under the pestle; it does not become subdivided to *anything like* the extent formerly accepted."

The fair inference from these statements is, that progressive triturations of Gold *must* have progressively *fewer* particles.

*Hence a point must be eventually reached where no Gold will be found in any given quantity of the trituration.*

If this constitutes no argument against the "30ths," it will be hard to make an argument.

The "ultimate divisibility of matter" is an absurd hypothesis, founded upon other absurd hypotheses, all of them unworthy of a moment's thought. The question is not the abstract one of whether it be *possible* to carry subdivision of matter to infinity; but whether *in practice* such subdivision is actually accomplished. All of our microscopists have answered this question in the negative. It does not affect this proposition, that the microscope is declared incompetent to discover the smallest particles of matter *possible*.

As to having "met Lewis Sherman and becoming 'his,'" in the slang of "J. C. M.," I have to say that Dr. Sherman had something to do with my verdict. The arguments presented by Professors Jones, Smith, and Wesselhœft, and Drs. Dake, Breyfogle, and Sherman, were quite sufficient to overturn my preconceived opinion of the efficacy of the 30ths. That opinion had been formed simply upon the testimony of Lippe, Hering, Dunham, and others. The Milwaukee test enabled me to weigh the evidence *pro* and *con*, as advanced by the respective champions of the "low and high dilutions," and I have given my verdict in accordance with the preponderance of evidence.

And now, Mr. Editor, allow me to correct Messrs. Boericke & Tafel as I have corrected "J. C. M." On page 29 of the report are these words, upon which I made the comment to which these gentlemen demur.

"Dr. Boericke, of Philadelphia, has constructed a potentizer in which fluxion and succussion are combined. The impure Schuylkill water, which does the diluting, runs through a rubber tube into the potentizing glass."

If Messrs. Boericke & Tafel repudiate this fluxion succussion potentizer, well and good. I am heartily glad to know it. But the inquiry now arises in my mind, May not "our Dr. Boericke" be engaged in making the 200ths with "dirty Schuylkill water," for which Messrs. Boericke & Tafel cannot be held responsible in a copartnership capacity?\*

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\* Our correspondent is needlessly apprehensive. Boericke & Tafel's facilities are such as to enable them to employ the pure materials required by the rules of homœopathic pharmacy, at almost as cheap a rate as "dirty Schuylkill water." They have, therefore, nothing to gain and everything to lose by carelessness or deception. Moreover, all their processes are con-

The act of one partner binds the firm. And it may now be in order to explain the steps in the process of making the 200ths aforesaid. "Our pharmacists should be held to a strict accountability," is a tenet of the American Institute, and it has my full sanction.

H. W. TAYLOR.

CRAWFORDSVILLE, INDIANA, December 10th, 1880.

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EDITORIAL CORRESPONDENCE—BANQUET TO T. F. ALLEN, M.D.

On the evening of December 16th, 1880, at Hotel Brunswick, New York, the publishers of the *Encyclopedia of Pure Materia Medica* tendered a complimentary dinner to T. F. Allen, M.D., in commemoration of the completion of his great work.

Soon after the guests assembled, they were invited into the dining-room. The table was exquisitely beautiful. Instead of the conventional long and narrow shape, it was circular, and of sufficient circumference to comfortably accommodate the nineteen who were present.

In the centre was tastefully arranged a six-pointed star, eight or ten feet across. It was composed of ferns and smilax, adorned with large white japonicas.

At the points, as well as at the junction of each two consecutive points, stood a small figure, holding aloft a candle, each of which was provided with a tiny shade.

In front of the decorated plates lay a bill of fare, printed in gold on blue satin.

After the *menu*, in all its richness and luxuriance, was served, Dr. E. M. Kellogg, in his own happy and humorous way, assumed the duties of toast-master.

Responses to his calls were made by Dr. P. P. Wells, chairman, Drs. T. F. Allen, C. Wesselhœft, Walter Wesselhœft, Helmuth, O'Connor, S. Lilienthal, Dowling, Payne, Burdick, E. A. Farrington, and Messrs. Boericke and Tafel. A letter was also read from the Rev. Mr. Hastings.

Dr. Allen gave a brief history of his labors, its difficulties

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stantly exposed to the inspection of their patrons. Still further, a large proportion of our American physicians have for many years depended upon Boericke & Tafel's preparations, high and low, and they have never yet seen cause to regret their confidence. If our correspondent is in doubt, however, we suggest that he make a personal investigation of the matter.—  
EDS.



and hinderances. We were more than ever enamoured of his *Encyclopedia* when we learned with what care and extended research it had been produced.

Dr. P. P. Wells referred quite appropriately to Dr. Allen's student days, paying him the well-deserved compliment that he was always energetic, persevering, and was evidently the man of men for the work assigned him.

Dr. C. Wesselhœft responded in behalf of Boston physicians; but the toast-master, though not discrediting the speaker's remarks, demanded an indorser in the person of Dr. Walter Wesselhœft. The latter did not hesitate to comply.

Dr. F. E. Boericke, when called upon, replied, considering the *Encyclopedia* from a publisher's point of view. We were agreeably surprised to learn how large a number of complete sets had been sold. We hope the list will still increase.

Mr. A. Tafel, in the course of his remarks, mentioned the fact that Dr. Drysdale's long-expected translation of Hahnemann's *Materia Medica Pura* is well under way. Volume I is in the custom-house, and will, therefore, soon be in the market. Extremes meet, the oldest and the newest *Materia Medica*.

Dr. Tod Helmuth, the poet laureate of the evening, read a poem dedicated to the editor of the *Encyclopedia*. We hope that the *North American Journal of Homœopathy* will give it in full for the benefit of the profession.

Dr. S. Lilienthal, always genial, was especially so on this occasion. In reply to an appeal from Dr. Dowling, that there be at once published a book for students, called Allen's *Hand-book*,—a book which would suit the moderate purse,—Dr. L. retorted, that if students would smoke less and take less lager, they would have money enough for needed purchases.

Dr. Dowling arose in self-defence, and also on behalf of the students. If *some* of our professors would set the example by desisting themselves, college deans would have a better chance of being heeded!

Dr. Dowling further, when requested by the toast-master, masked his wonted good-nature in a serious relation of how, desiring to live no longer, he thought a lethal dose would be found by a reading of the nine thousand pages of Allen's *Encyclopedia*. He did not believe that any man, save the editor, had accomplished this but himself! And still he lives! He read Aconite's 4000 symptoms, and felt a little better. He had just read the last page of the Index, and feels that he is a well man!

Dr. E. A. Farrington was called upon to speak for Pennsylvania. He— Well, the audience happily survived it.

Dr. O'Connor responded to his toast with a few well-directed and spicy remarks.

Dr. Paine, in a serio-comic way, bemoaned the completion of the *Encyclopedia*. He had been reading it with his family, and they would miss its delightful and thrilling narratives. Glancing about with well-feigned amazement at the laughter excited, he exclaimed: "Why, does it not contain that which will make the eyes sparkle and the pupils expand? Has it not words of irony?"— The rest was lost in the bursts of applause which followed.

Dr. Burdick was called upon to deliver the after-birth. He objected to the nature of the work assigned him, but succeeded in delivering a very neat and appropriate concluding speech; after which we dispersed, highly delighted with our evening's entertainment.

E. A. F.

## HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE stated meeting of the society was held in the Hall of the Hahnemann Medical College, on Thursday evening, December 9th, 1880, President Farrington in the chair.

The Censors reported favorably on the application of Drs. John P. Birch, Rudolph Straube, A.M., and Frederick D. Mount, and these gentlemen were elected to membership.

The following amendment to the by-laws, proposed at the November meeting, was unanimously carried:

SECTION I. The initiation fee shall be one dollar, payable within one month after election. Besides the initiation fee, the newly elected members shall pay dues at the rate of one dollar per annum, proportioned according to the unexpired time of the fiscal year.

SECTION II. Each member shall pay annually the sum of one dollar at the meeting in April.

The following addition to Article IV of the by-laws was proposed by Dr. R. J. McClatchey:

SECTION IV. "No member shall be eligible to election to office who has not been a member for at least one year, and paid at least one full annual fee."

Laid over till next meeting, under the rules.

DR. J. C. MORGAN referred to Dr. W. B. Trites's criticism of the Hering Memorial Meeting, published in the November

HAHNEMANNIAN, and thought the points therein well taken. He suggested for the honor of the Philadelphia profession, that a supplementary meeting be called under the auspices of the County Society, so as to secure an attendance of the physicians of Philadelphia and adjacent counties in some degree commensurate with the fame of the late Dr. Hering, and the honor due his memory.

After some discussion, the following resolution offered by Dr. J. C. Morgan was unanimously adopted :

WHEREAS, The memorial meeting, relative to the demise of our late illustrious colleague, Constantine Hering, M.D., held in this city, was, owing to insufficient notice and other reasons, an inadequate representation of the profession in Philadelphia and vicinity, therefore,

*Resolved*, That a committee of three be appointed by the chair, with leave to report at any time, in order to take such action as may be necessary under the circumstances.

The President appointed as the committee, Drs. J. C. Morgan, R. J. McClatchey, and W. H. Bigler.

The report of the Bureau of Zymoses and Dermatology was then submitted by Dr. C. F. Goodno, acting chairman, in the absence of Dr. C. R. Norton. The following papers were read, accepted, and referred for publication in the HAHNEMANNIAN MONTHLY, viz. :

- a.* Psoriasis, by T. S. Dunning, M.D.
- b.* Etiology of Typhoid Fever, by Claude R. Norton, M.D.
- c.* Whooping-cough; Its Etiology, etc., by C. F. Goodno, M.D.
- d.* Whooping-cough; Its Treatment, by George T. Parke, M.D.

The following discussion then took place, after the President had appointed Dr. R. J. McClatchey chairman of the Bureau for the coming year:

DR. DUDLEY called the attention of the society to the fact that the old-school physicians had recommended Copaiva for psoriasis, the provings of which showed it to be homœopathic to some cases of this disease, particularly when located upon the ears and backs of the hands.

DR. TRITES did not believe that it was always possible to trace the causes of an epidemic of typhoid fever so nicely as had been done by the authors quoted by Dr. Norton. He himself had to-day made a report to the Board of Health concerning an epidemic of typhoid fever. There are thirty or forty houses on a hillside, and in these the fever has appeared. Thirty cases have occurred, and new ones are occurring. Back



of this row of houses there were four double privies, which had been abandoned and left uncovered and exposed to the weather. They were half-full of fecal matter, and into them garbage had been thrown. Dr. Trites could not but believe that there was a very intimate connection between these old wells and the epidemic of typhoid fever. According to the paper, the stools of a typhoid fever patient must have found their way into the wells, in order to propagate the disease.

DR. MORGAN was very confident that the homœopathic physician could abort many cases of typhoid fever by the exhibition of *Gelsemium*. He believed that he had done so many times. He had used the drug in all potencies up to the 1<sup>m</sup>. In speaking of psoriasis, he said that in making microscopic examination of specimens of skin disease, the specimen should be treated with ordinary *Liquor potassa*, which dissolves the cuticle. Syphilitic psoriasis is marked by a symmetry of the eruption. Syphilitic lesions are essentially new growths. In non-syphilitic psoriasis it is not a new growth. The color of syphilitic eruptions is well known. This color is not strictly a copper color, or the color of lean beef, but rather of a violet color. It may not develop until some weeks after the inception. Syphilitic eruptions are apt to appear on parts which are habitually irritated. In cases of children, these parts are the buttocks, then the backs of the thighs and calves, then the arms and vicinity, then the feet and hands, and then the scrotum and labia majora.

DR. DUNNING called attention to the fact that psoriasis was *always* symmetrical. The circumscribed psoriasis of the palms of the hands is always syphilitic. In his paper he had not made mention of the fact that syphilitic psoriasis was less apt to develop on the elbows and knees, which were so frequently the seat of ordinary psoriasis.

DR. BIGLER had used *Naphthalin* 2<sup>x</sup> trit. in whooping-cough with great success, but he had abandoned its use as it was so very disagreeable to the patients.

DR. DUNNING had also used *Naphthalin* 3<sup>x</sup> trit. in whooping-cough, and had never yet seen it fail, although he had used it in some twenty-five cases. He regards it as almost a specific. In only one case had he found it to prove disagreeable. Adjourned.

The Bureau of Materia Medica, Pharmacy, and Provings, H. N. Martin, M.D., chairman, will report January 13th, 1881.

THE  
HAHNEMANNIAN  
MONTHLY.

A HOMŒOPATHIC JOURNAL OF  
MEDICINE AND SURGERY.

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*Editors,*

E. A. FARRINGTON, M.D.      PEMBERTON DUDLEY, M.D.

*Business Manager,*

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
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No. 1.

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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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Editorial.

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VOLUME SIXTEENTH.—The year upon which we are entering promises to bring to the HAHNEMANNIAN MONTHLY an unprecedented prosperity. As was stated a month ago, its subscription list is growing with a rapidity exceeding our most sanguine expectations; a large proportion of the most eminent homœopathists of America are among its contributors, and the advertising department is well sustained by a class of advertisers to which there has not, we believe, been a single objection raised.

The HAHNEMANNIAN MONTHLY, during the fifteen years of its publication, has made for itself an honorable record, and exerted a beneficial influence upon our profession and system of practice. Each succeeding year of its issue, therefore, lays weighty responsibilities upon its publishers, which we are anxious to bear in a manner to secure the commendation of our professional brethren everywhere, and to add whatever we can to the influence and honor of our profession.

As we open the new volume then, let us simply repeat what

we said upon assuming the publication of the journal one year ago,—that it is our purpose to make the MONTHLY “a still better exponent of all that is new and useful in the science, art, and literature of medicine, and a still more earnest and powerful advocate and defender of the principles and interests of homœopathy. . . . We therefore solicit the members of the homœopathic profession to give us the benefit of their best thought, and the results of their ripest and most carefully recorded experience.”

THE HAHNEMANN CLUB.

KISSING THE BIBLE.—One of our Philadelphia judges has observed that it is a frequent practice for jurymen and witnesses, when taking the oath, to kiss not the Bible but the hand with which they hold it. He expresses the opinion that it is done for the purpose of escaping in some way the solemn obligation which the oath imposes. A correspondent of one of our newspapers expresses the conviction that the practice has a very different object, namely, a natural and very commendable repugnance to the pressure of a dirty volume against the lips. He suggests that in order to avoid such a disagreeable necessity, the Bible should be opened and the lips pressed against a clean page.

This subject has a sanitary aspect which makes it a proper theme for medical discussion. A class of persons very frequently called to testify in our criminal courts are of a character such as decent people dislike to come into personal contact with, not alone on the score of their uncleanness, but because of a natural fear of far more serious contamination. One has but to look around among the witnesses called to testify in a large class of criminal cases to see in them the hangers-on in low grogeries, and still lower houses of prostitution. It would be safe to say that a large majority of such individuals either are, or have recently been, affected with some form of a venereal disease, and their unwashed fingers are never free from the suspicion of a most filthy, disgusting, and dangerous contamination. Yet these vile creatures take in their hands the sacred book which decent men and pure women are afterwards required to press against their lips. And these forms of disease do not constitute the only dangers; diphtheria and other throat and buccal diseases can be thus transmitted. Indeed it is a matter of well-authenticated medical record, that syphilis, diphtheria, etc., have frequently been communicated by the act of kissing. To well-informed people, the danger of



infection must seem sufficient to impel them to avoid the foul contact, if possible, even at the risk of violating the strict proprieties of the court-room.

After all, where is the profit in this system of Bible-kissing anyhow? It surely does not add anything either to the impressiveness or to the binding character of an oath. On the other hand it does divert the attention of unthoughtful or uneducated people away from the significance of the solemn formula to which they give their verbal assent, and misleads them into the false notion that without the Bible and the kiss the oath loses its binding force. How much more impressive, how vastly more in keeping with the dignity of a court of justice, is the obligation taken with the uplifted hand,—the token of an appeal to heaven! But whether more or less so, both private health and public decency require that the present method should be discontinued.

WHAT THEY SAY ABOUT US.—We get a good many kind words from our readers, for which we are very grateful. The following spontaneous expressions, recently received, have encouraged us so much that we will be pardoned for printing them:

"You are making a good journal."—J. P. Dake, M.D.

"The HAHNEMANNIAN MONTHLY is doing well."—W. H. Winslow, M.D.

"The HAHNEMANNIAN improves and increases in interest with every number."—F. F. Casseday, M.D.

"Accept congratulations on the constantly improving condition of the HAHNEMANNIAN MONTHLY."—T. M. Strong, M.D.

"Your journal gives me great satisfaction, and I think is conducted with good judgment and a due regard for differing opinions and beliefs."—T. F. Pomeroy, M.D.

"The HAHNEMANNIAN MONTHLY, under its new management, has received a boom which has sent it into the very front rank of medical journalism."—*The Homœopathic Journal of Obstetrics.*

Thanks! We hope to deserve more of the same sort.

THE HOMŒOPATHIC HOSPITAL OF PHILADELPHIA will renew its application to the legislature of Pennsylvania, during the coming session, for an appropriation to enable its authorities to erect new hospital buildings. The application made two years ago failed, simply because the unexpectedly low condition of the State's finances prevented appropriations to

any charitable institution whatever, except those under the State's own control. There can be little doubt of the success of the movement this winter, but to make it absolutely certain, two things are necessary: First, the need of such an appropriation and the propriety of granting it must be made apparent to the members of the legislature. This will be done by the hospital authorities. Secondly, each representative, from whatever part of the State, must be shown that *his own constituents are in favor of the appropriation*. This can be accomplished if each homœopathic physician and prominent layman will address letters to their representatives, urging a favorable consideration of the application. Will our Pennsylvania readers please make a note of this, and exert their utmost influence to secure this recognition of our rights?

THE AMERICAN PUBLIC HEALTH ASSOCIATION held its annual session in New Orleans, Louisiana, December 7th to 10th inclusive. The most animated discussion seems to have centred upon the subject of the legal limitation of syphilis. The yellow fever discussion, we are told, resolved itself into a Louisiana fight with the National Board of Health. The Texas cattle fever also elicited considerable discussion. We hope to present, in our next number, a summary of the papers and proceedings, prepared by Bushrod W. James, M.D., who attended the session.

DISINFECTION AFTER SMALL-POX.—We invite special attention to the article on the above subject by Professor J. P. Dake. Dr. Dake is regarded as among the very foremost of the progressive sanitarians of the United States, and his experiments, and the conclusions reached, will doubtless attract the attention of all interested in the conservation of public health. We can promise our readers another paper from his pen in our February issue.

THE MATERIA MEDICA STUDIES.—With our next number we expect to complete the study of the Ophidians. The order of Arachnida, which follows, will be completed in one issue.

SPECIAL NOTICE is called to the last item upon the last page of this number.

## Notes and Comments.

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HOW TO TREAT TALE-BEARERS.—Disbelieve half you hear derogatory to the skill and character of your colleagues, and doubt the other half.

THE NASAL DOUCHE is defined by a distinguished Philadelphia clergyman as "one of those things which the doctor gives you to amuse yourself with, while he gets his hand into your pocket."

"HOMŒOPATHY is a disease of new countries."—*N. Y. Med. Record*. Seems to be contagious, too. Don't investigate it, Mr. Record; you're a dead allopath if you do! Unless you stand away off and use Ringer's Patent Grappling Hooks.

THE METRIC SYSTEM, says the *Detroit Lancet*, received a set-back in the announcement of Herschel, the astronomer, that the "production of the meter was not a blunder only, it was a sin against geometrical simplicity. It was a sin, because in the earth's *axis* they had a straight and unvarying line."

DR. W. WILBERFORCE SMITH thinks there can be no universal law of cure, because diseases cannot be all included in one class. (See *London Practitioner*, July, 1880.) That's nothing. There is a colored preacher down in Virginia who thinks there is no universal law of gravitation; and what is more, he gives better reasons for his belief than his educated, benighted medical brother does for his.

THE EDUCATION OF ENGLISH HOMŒOPATHIC STUDENTS was very fully and carefully considered at the last meeting of the British Homœopathic Congress, all the various views of our English brethren on this subject being presented in the papers read, and in the discussions thereon. Our readers who wish to be informed on all aspects of the question should not fail to procure the *Monthly Homœopathic Review* for November, which contains all the essays and a full report of the discussion.

THE CLIMATIC TREATMENT OF CONSUMPTION is inapplicable to many patients because of its great expense and inconvenience. The *New York Medical Journal* suggests for such cases in our large Eastern cities, a winter residence at Atlantic City or in the Adirondack region. The relief of persons in poor or even moderate circumstances, who are in need of climatic treatment, presents a wide field for the exercise of organized charity, and might very properly be made an object of governmental patronage.



## New Publications.

THE MEDICAL RECORD VISITING LIST FOR 1881, is a neatly made, leather-bound book, with pocket and pencil, in the former of which is inserted a scale of bongies, both French and English. Much useful matter is also contained in the first few pages of the List. F.

PHYSICIAN'S VISITING LIST FOR 1881. Published by Lindsay & Blakiston.

The mere fact that this is the thirtieth annual issue of this convenient book, is a sufficient guarantee of its usefulness and popular favor. Those who have used it before will renew their orders, while others would do well to give it a trial.

In addition to a calendar, there are several pages devoted to convenient miscellany, which one may need in an emergency, as Hall's Method in Asphyxia, Poisons and their Antidotes, French System of Weights and Measures, Posological Tables, etc. The blank leaves for entering "calls," etc., are of good paper, and well ruled and dated. F.

SCHOOL AND INDUSTRIAL HYGIENE. By D. F. Lincoln, M.D., Chairman Department of Health, Social Science Association. Philadelphia: Presley Blakiston. 16mo., pp. 152.

A member of the *American Health Primer* series, with chapters on emotional and mental states, food and sleep, bodily growth, study, exercise, care of the eyes, school desks and seats, ventilation, drainage, etc. Also a chapter on contagious diseases. The latter portion of the book treats of the discomforts and dangers incident to various trades and occupations, and points out modes of preventing or remedying them. The author has aimed to make the book thoroughly practical, by giving specific directions for securing the highest sanitary condition of schools, colleges, industrial establishments, etc. Price, fifty cents. D.

OPHTHALMIC AND OTIC MEMORANDA. By D. B. St. John Roosa, M.D., Professor of Ophthalmology in the University of the City of New York, etc., and Edward F. Ely, M.D., Assistant to the Chair of Ophthalmology, University of the City of New York, etc. Revised edition, pp. 298. New York: William Wood & Co. 1880.

This little printed pocket memoranda is just what the ophthalmic surgeon and the aurist need for ready reference. It is like an outline or war-map, which shows with a bird's-eye view the strategic points of the field upon which it treats. The subjects have been brought up to the present state of science, and the texts condensed into a very concise yet terse form. One very important feature is its glossary of the technical terms used in the work.

This edition contains thirty pages of new matter. In the appendix we find among other subjects noted, the metric system as applied to lenses,

keratoplasty, the use of magnets in removing steel from the eye, Politzer's aërometer for testing the hearing, myringoplasty or skin-grafting, forming a cicatricial drumhead, ear-cough, ear-sneezing and ear-vomiting caused from irritation in or about the meatus auditorius externus, the audiphone, and the dentaphone.

B. W. J.

WOOD'S OPHTHALMIC TEST-TYPES AND COLOR BLINDNESS TESTS; also, explanatory text thereto. By G. R. Cutter, M.D., Surgeon New York Eye and Ear Infirmary; Ophthalmic and Aural Surgeon, St. Catharine's and Williamsburg Hospital, etc. New York: William Wood & Co. 1880.

This publishing firm, always ready to fill up any deficiency in medical literature, have appreciated the wants of the physician for a complete set of test-types for determining in a general way the relative refraction of patients complaining of impaired vision, and have supplied this want in a complete set of test-types; adding also to this set, a series of eight trial glasses and a holder. They have, likewise, put in Holmgren's worsted tests for the detection of color-blindness; the whole inclosed in a convenient box. Accompanying the whole is a pamphlet of explanatory text by George P. Cutter, M.D. The instructions are brief and intended to aid the family physician in understanding enough about his patient's vision therefrom, to enable him to decide whether to send the case to an oculist or not. About half the pamphlet is devoted to color-blindness, a branch of ophthalmology which has of late assumed considerable importance, in view of the danger resulting from this defect in mariners and railroad employés.

For the student of ophthalmology, as well as for the practitioner of medicine, a set of Wood's *Ophthalmic Test-types* will be found invaluable, and we commend them to all who are not already provided.

B. W. J.

DIPHTHERIA, ITS CAUSE, NATURE, AND TREATMENT. By Rollin R. Gregg, M.D. Published by Matthews Bros. & Bryant, Buffalo, 1880. Duodecimo, 134 pages. Price, \$1.50.

Dr. Gregg, in his book, teaches that diphtheria is a poison which irritates some mucous membrane, and thus leads to the escape of albumen thence, or through the kidneys in addition. This waste destroys the proportion of blood constituents, leads to the exhaustion and favors the deposit of fibrin in the attempt at restoration of the balance of blood-elements. From this last cause arise the membrane and also thrombosis or heart clot, etc.

The bacteria, which Oertel and other authorities associate with the disease, Dr. Gregg declares to be nothing but fibrillæ of fibrin. He admits, however, that "it is barely possible there may be vegetable fungi, that grow from or feed upon the putrefying exudations of the more malignant cases of diphtheria, as they do in other instances of putrefaction in nature, without having the least influence as a cause." But even this much he is loath to admit, for he adds, "but every fact we know is positively against even that idea."

After expounding his theories, our author details the symptoms of the disease and then enters at some length into the treatment.

We fully agree with Dr. Gregg in his medical treatment, and believe that his medicines are frequently adapted to the disease under consideration. We are glad, too, that he includes the much-abused *Lac caninum*.

Very excellent, also, are his strictures against the too frequent repetition of remedies or of the dose.

Local treatment is discarded *in toto* as injurious and useless. While in the main we agree with the author here, we claim that his reasoning is not always correct. He thinks that the irritation of all topical treatment increases that condition which he most dreads, the loss of albumen. Hence he would discard alcohol, steam, etc., as well as more objectionable adjuvants.

Concerning Dr. Gregg's theory, we must say that we think it overdrawn. The direful consequences of the diphtheritic poison are far more serious, profound and widespread than the mere irritation of a mucous membrane, with consequent albuminous loss. Indeed, we cannot see how this loss can in the least account for the characteristic symptoms of diphtheria. Many cases end fatally without a trace of albuminuria, without diarrhoea, and with so little expectoration that we cannot possibly ascribe the fatal results to a minus of albumen in the blood. There are forms of bronchitis during which immense quantities of albumen are ejected, and yet a fatal result does not follow.

As to Dr. Gregg's ingenious theory in reference to bacteria, we feel incompetent to judge. We do not believe that these growths are the cause of the disease, though we have always thought that they might perpetuate it. That they are not fungous, but are merely fibrin, is a startling statement which needs more proof than the book under review affords. To boldly oppose the careful and extensive experimentation of practiced microscopists is right enough, but it must be supported with more weighty refutations than Dr. Gregg presents. All that he has written might be true, and yet his conclusion be fallacious. It is not sufficient to say that because fibrin becomes spherical, then rodlike, and lastly spiral, as do the so-called bacteria, that therefore the bacteria are merely fibrin.

The book is neatly printed, and is copyrighted by the author.

It is composed in an easy, readable style, and will repay the purchaser on account of the valuable information it contains. F.

**THE BRAIN AS AN ORGAN OF MIND.** By H. Charlton Bastian, M.A., M.D., F.R.S., Professor of Pathological Anatomy and of Clinical Medicine in University College, London; Physician to University College Hospital and to the National Hospital for the Paralyzed and Epileptic. With one hundred and eighty-four illustrations. New York: D. Appleton & Co., 1880. 12mo., pp. 708.

The author of this work has secured a wide reputation among medical and general readers by his peculiar and extreme notions on the subject of animal origin and development. Our readers will doubtless recall his discussion



with Professor Tyndall upon the origin of vegetable and animal existences from inorganic materials, and they will remember, too, Tyndall's summing up of the whole subject in the declaration that "the doctrine of spontaneous generation has not an inch of ground to stand upon."

The work before us opens with a chapter on the origin and uses of a nervous system. The gradual development of powers of locomotion and of evident "purposiveness" in movement are graphically traced, beginning with the amœba, and following the series through the ciliated infusoria and rotifers, up to the higher forms of animal life. It is claimed that rudimentary organs of sense and motion are evolved in the lower types of animals under a well-known principle of biology, viz., that the repeated occurrence of actions of any kind in living matter tends to produce structural changes therein, that the character of these changes is determined by the character of the actions, and that the result of the changes is always of such a nature as to favor the continuance of the actions. Thus, the judicious exercise of any organ increases its power and its adaptation to the work required of it. On this point all physiologists are agreed, but not all will indorse Dr. Bastian's view, that amœboid movements in structureless protoplasm will develop rudimentary muscle, or the path of a stimulus across such a protoplasmic mass gradually evolve itself into a nerve fibre, or an angle in that path, a nerve cell. The *accepted* principle is, that exercise develops the structure and augments the powers of organs *already formed*, not that it *originates* organs.

Following out these general views, the author proceeds to trace the formation of the muscular and nervous systems, showing that in the ascending series, muscle is developed first and nerve afterwards. Here the author traces the anatomical and physiological development of the nervous system and functions through many successive stages, illustrating his subject by numerous engravings. This part of the work occupies nine chapters. Next we have "The Scope of Mind" considered in a chapter in which the writer takes issue with most modern authors upon their loose and careless use of the word "mind," from which he thinks numerous misconceptions have arisen. He controverts the metaphysical conception of mind as an entity, denies that it is bounded by the limits of consciousness, or that "consciousness is the fundamental condition of all intelligence." He quotes Professor Bain to the effect that consciousness is inseparable from feeling, but not from action nor from thought. We incline to the opinion that Bastian has misconceived the views of metaphysicians on this subject, and that all students of psychology are agreed that the consciousness of a thought is not the thought itself, but that all thought must arise either directly or indirectly from a conscious state, either present or pre-existent. This does not (as Bastian evidently fears) exclude the idea of unconscious cerebration. It only necessitates the belief that all cerebration has for its basis those structural (or functional) effects which have at some time resulted from conscious states. Our author, however, insists (p. 148) that "'mind' must embrace the results of all nerve actions other than those of outgoing currents," while earlier

writers would exclude also, all of those unrecognized changes in the nerve tissue which may be requisite to evolve from previous or present consciousness, the completed thought or action. The difference of opinion seems to resolve itself into a mere difference of definition.

Among the particulars in which the author takes ground against the "dogma of the schoolmen," is that "each organism does not acquire all its knowledge by 'experience' through the avenues of sense—each inherits a complex mechanism, already attuned during the lives of a long line of progenitors, to be affected in certain ways and to act in certain modes" (p. 193). This inherited adaptation and cultivation he believes to account for many of the phenomena of instinctive and, perhaps, still higher actions exhibited by the young—*i. e.*, the uneducated—of all types of animals.

From this point the volume goes on to treat of consciousness in the lower animals; instinct; nascent reason, emotion and volition; and then to a description of some of the relative characters of the brains of quadrupeds and quadrumana, and the mental development of these higher animals. Chapter XXII is entitled "From Brute to Human Intelligence." In this chapter the author presents a *résumé* of the manner in which language, spoken and written, has been instrumental in the development of mental and intellectual powers, quoting freely from Thomson, Lewes, Mansel, Leibnitz, and others, in enforcing the view, that without symbols of some kind as the representatives of objects and ideas, rapid progress from savage barbarism to civilization would have been impossible. The anatomical and physiological relations of the human brain and of its various parts follow next in order; then a chapter on "Phrenology; the Old and the New." The chapters on "Will and Voluntary Movements" and on the "Cerebral Relations of Speech and Thought" present these fascinating subjects in a most readable form. The volume closes with a brief consideration of the localization of the higher cerebral functions, and an appendix on the "Existence and Nature of a Muscular Sense."

Our limits of space forbid a more thorough review of the subject. The work fairly bristles with controvertible points, if not of fact, certainly of inference. Although it contains numerous propositions to which we cannot accede, still we find it a thoroughly enjoyable book, and feel assured that it will have an extensive sale. D.

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## Cleanings.

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HÆMORRHAGE FROM LACERATED CERVIX UTERI is better managed by Crédé's method of removing the placenta than by the introduction of the hand, since the latter plan may increase the laceration. Hot water is an efficient means in uterine or cervical hæmorrhage, especially if the patient has already lost blood until exhausted. It washes away clots, lessens the danger of septic poisoning, and promotes contractions.—Dr. W. H. Parrish, *Phila. Med. Times*, December 4th, 1880.

ANÆSTHETICS in labor are dangerous, says Dr. William Goodell. Chloroform may be administered at the beginning of a pain and then withdrawn; but if Ether is used, its full anæsthetic effect must be maintained between pains, or they are felt more keenly. Hence the womb may become relaxed. Dr. Addinell Hewson prefers analgesia by rapid breathing, instituted at the onset of each pain and suspended in the intervals.—*Phila. Med. Times*, December 4th, 1880.

PERINEAL LACERATIONS TREATED WITHOUT SUTURES.—In the *Homœopathic Journal of Obstetrics* for November, 1880, Professor R. N. Foster has an able article on the above subject. He considers that laceration, either slight or severe, occurs "at least once in every fourth labor." Referring to the general opinion "that for the cure of such lacerations we must resort to the surgeon's needle," he says: "I beg leave to protest. I affirm that any case of perineal laceration not involving the whole thickness of the anal sphincter can be made to heal promptly and perfectly without resort to any such measures. I can imagine an exception where, for example, the torn edges might be so very ragged as to prevent coaptation, but I have never seen such a case. I base this opinion upon the results obtained in the treatment of a goodly number of cases, where the lacerations varied from a quarter of an inch into that of the whole perinæum, but did not involve the anal sphincter. All these cases, with one exception, I have subjected to one uniform treatment. The exception I stitched. The rest all healed *perfectly*. The stitched one did not." The following are his methods and rules of treatment:

"*Firstly*. Thoroughly expose the wound. *Secondly*, Cleanse it perfectly, removing every coagulum and shred. *Thirdly*. Stop all bleeding, using hot water, if need be, for that purpose. *Fourthly*. Coapt the parts perfectly. *Fifthly*. Apply a compress heavy enough to keep the outer edges of the rent from slipping past each other. (The compress he describes, is two and a half or three inches long, one inch wide, and a quarter inch thick.) *Sixthly*. Keep the compress wet with dilute Calendula, Arnica, Alcohol, or other antiphlogistic lotion. *Seventhly*. Change the compress entirely with every napkin. *Eighthly*. Keep all snug by a T bandage. *Ninthly*. Make the compress long enough to pass beyond the anus, or the wound may be disturbed by movements of the anus. *Tenthly*. See to it that the necessity for this whole ceremony is duly and deeply impressed on the minds of both nurses and patient. *Finally*. By daily inspection see to it yourself that all this is done. The bandaging of the limbs together is another work of supererogation. Let any one try the experiment, and see whether the patient can cause a perineal wound to gape by any reasonable separation of the limbs. It is only in cases of unusual leanness with great economy of perineal tissue, that this can be done. In such cases, pass one end of a light roller around each thigh, leaving a foot of loose material between."

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## News, Etc.

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THE MARYLAND HOMŒOPATHIC MEDICAL SOCIETY sends us two good papers for publication, and we hope will send more. The society numbers twenty-eight members, including some of the most honored men in our profession. The secretary is R. W. Mifflin, M.D., of Baltimore.

THE NEW YORK OPHTHALMIC HOSPITAL furnishes a most excellent school for physicians desiring to perfect themselves in the treatment of eye and ear diseases. During the month of November, 1880, there was an average of 146 patients prescribed for daily, the largest number on any one day being 233.



LOCATION FOR A HOMŒOPATHIC PHYSICIAN.—A good homœopathic physician is urgently needed at Butler, in Western Pennsylvania. A man of family and experience preferred. There are several good allopaths there, but no physician of our school, although "there are a good many homœopathic patrons" resident in the place. Address, William F. Miller, Esq., Butler, Penna.

THE HISTORICAL VOLUME OF THE WORLD'S CONVENTION TRANSACTIONS will be in the binder's hands by the time this reaches our readers, and in a week or two more will be distributed among those entitled to receive it. The remaining volume of the *Transactions* is also well advanced, and is being pushed rapidly forward.

THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY at its annual meeting, December 10th, elected the following officers to serve for the ensuing year: President, W. F. Edmundson, M.D.; Vice-President, C. F. Bingaman, M.D.; Secretary, T. M. Strong, M.D.; Treasurer, John B. McClelland, M.D.; Board of Censors, Drs. L. M. Rousseau, H. H. Hoffmann, L. H. Willard. The secretary's address is No. 56 Montgomery Avenue, Allegheny City, Pa.

THE MEDICO-CHIRURGICAL QUARTERLY.—The first number of this new journal is on our table. It is edited by John Butler, M.D., formerly editor of the *American Journal of Electrology and Neurology*, the latter having been discontinued because of the comparatively few acceptable contributions to it. The new journal, however, will make electrology a prominent feature of its quarterly issues, and thus meet one of our pressing professional needs. The first number presents a handsome appearance, and is well filled with choice original and selected articles of practical value. We wish the enterprise all the success it is worthy of, and that is saying a good deal.

#### PERSONAL ITEMS.

S. P. STARRITT, M.D., has removed from Minneapolis to Anoka, Anoka County, Minnesota.

T. F. POMEROY, M.D., has removed from Detroit, Mich., to Jersey City, N. J.

M. T. RUNNELS, M.D., by appointment of Governor Gray of Indiana, represented that State in the Quarantine Convention recently held in New Orleans.

WILLIAM E. LEONARD, M.D., has returned from a year's service in Ward's Island Hospital, and entered into active practice in Minneapolis, Minn., with his father, W. H. Leonard, M.D.

B. W. JAMES, M.D., our business manager, attended the recent session of the American Public Health Association (of which he is a member) at New Orleans, La., where he read a paper on abattoirs.

J. P. DAKE, M.D., of Nashville, Tenn., was present at the annual Public Health Convention at New Orleans. He writes us that it was a most profitable and interesting session. He urges that our homœopathic physicians should identify themselves with the Association, and make their influence felt in its councils and in its work. He was also a delegate to the Quarantine Convention, having been appointed by Governor Marks, of Tennessee.

DECEASED.—EGGERT.—On the evening of November 24th, 1880, Mrs. Elizabeth Eggert, wife of Dr. W. Eggert, of Indianapolis, Ind. Dr. Eggert will have the sympathy of many friends in his bereavement.

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green streets, Philadelphia.

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THE  
HAHNEMANNIAN MONTHLY.

Vol. III.,  
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Philadelphia, February, 1881.

No. 2.

Original Department.

STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

*ANIMAL KINGDOM.*

(Continued from page 12.)

THE OPHIDIANS.

**BACK and LIMBS, NERVES.** The Ophidians cause rheumatic stiffness, with great weakness. The nervous system is affected even to paralysis, with faintness, numbness and crawling; sudden and severe sinking of the vital forces; unsteady gait. Weak heart; muscular tissue profoundly exhausted, even disintegrated. Swellings of the limbs, which are either œdematous or denote a low-graded cellulitis.

**LACHEZIS.**—Creeping sensation slowly down the back from the neck; epilepsy.

Neck painful to least touch.

Neck stiff, with rheumatism or catarrh.

Neck swollen. (See Throat.)

Ulcers on the neck.

Pain in the small of the back, with constipation, palpitation, dyspnoea, etc.

Tearing, with bruised sore pains, sore throat; cold in spring weather.

Drawing in small of back and into legs, worse in the ischia; worse in the evening.

Coccyx pains; when sitting he feels as if sitting on something sharp.

Rheumatic pains and heaviness in the shoulders; drawing and stiffness in back and limbs; tearing. Tension and shortening of the hamstrings, with swelling of the soft parts and intolerable pain on touch. Joints and back feel sprained. Pains hinder sleep. Chronic rheumatism, worse in changes of weather. Bluish-red swellings. Curvatures of the joints. Profuse sweat, but it does not relieve. Pains go (in the sick) from right to left, or alternate. Aching in the bones.

Nervous exhaustion with nearly all complaints. Languor, weariness; trembling (as in drunkards). Sinks down from exhaustion. Feels as if body is disintegrating, with sinking of the vital forces.

Left-sided paralysis, especially from apoplexy.

Gait stumbling, awkward, with numbness of hands and feet, and mental and physical weakness. Helpless mornings; occiput heavy as lead, weak, faint; feels stiff until two or three hours after rising. Feet icy cold. Flushes of heat.

Gressus gallinaceus.

Swelling of hands and feet.

Legs swell, worst left; dropsy; elephantiasis.

Swelling of the feet, worse after walking (pregnancy).

Cracked skin between and on the toes; deep rhagades across the toes. Sometimes syphilitic.

Panaritium, with stinging, pricking pains; violent pains at night, especially if the bone is affected; surrounding parts dark, bluish. Suppuration slow, insufficient. Lymphatics inflamed. Proud flesh. After abuse of mercury; or if Hepar is insufficient.

Gangrene of the toes; bluish-black vesicles; tingling, with heat and numbness; parts feel as if touched with ice; itching; rubbing causes painful spots to appear.

Ulcers on the legs. (See Syphilis, above.)

**Related Remedies.**—*LACHESIS*, it will be observed, causes tearing pains, sprained feeling about the joints, and shortening of the tendons. Hence it may be required in rheumatism, especially if chronic. The history of the case will usually reveal abuse of mercury, syphilitic taint; or, quite commonly, accompanying nervous weakness, bordering on paralysis. In acute rheumatism, it is needed when the heart becomes invaded. (See October issue.)

This state of rheumatism, with nervous weakness, suggests a comparison of *LACHESIS* with *LYCOPOD.*, *COLCHIC.*, *RHUS TOX.*, *Silica*, *Caustic.*, *Arsenic.*, *Rhodod.*, *Ledum*, *Kalmia*, etc.

*LYCOPodium* suits chronic forms; the affected parts are



numb ; there are tearing in the limbs at night, and stiffness on beginning to move in the morning ; sweat without relief—thus far very similar to LACHESIS. But the former always has in addition, flatulent distension of stomach and abdomen. Worse on alternate days. Rheumatism of the dorsa of the feet. Lithic acid deposit in the urine more marked than with LACHESIS.

COLCHICUM induces great sensitiveness of the parts, numbness, prickling and tearing pains in feeble, debilitated persons. The inflammatory swellings are pale red and the accompanying pains unbearably severe in the evening. The disease travels crosswise, or goes from left to right.

RHUS TOX. compares with the snake-poison in the morning stiffness, weakness, with numbness and formication ; sweat, and no relief, etc. Both have stiff neck, but only the latter has it with little annoyance when moving the head ; though in RHUS the patient moves conveniently after the parts are “limbered up ;” but on beginning to move, pains and tension force him to cry out. The pains go from left to right, and there is relief from continued motion, with aggravation again *after* moving. While in LACHESIS there is also increased suffering on beginning to move, yet the relief from its continuance is not marked. So only RHUS has the following : pains annoy him until he changes position, then they are better for a short time, but soon he is again compelled to change. Indeed LACHESIS is usually worse from such change of position.

Both, as was said, cause numbness ; but this is most prominent in RHUS, while in LACHESIS, oversensitiveness exists exclusively. Worse from straining, is found only in the former. (See also below.)

*Causticum*, like LACHESIS, causes trembling weakness, paralysis ; contractions of tendons, curvature of joints ; nightly pains. Both may be employed in the arthritis deformans of women. But the exciting cause of rheumatism is different. In the former, it is dry, cold weather, or snowy air ; in the latter, it is damp, warm air, as in spring or before a thunderstorm. In acute cases, there is no resemblance whatever.

In rheumatism with prominent affection of fibrous structures, LACHESIS compares also with RHODOD., *Ledum*, *Kalmia*, *Manganese*, *Mezer.*, *Phytolac.*, etc. The first three also cause nervous weakness, but are readily distinguished from LACHESIS. RHODOD. has tearing pains, tingling and weakness, better from motion ; and worse in rough, windy weather. Both have aggravation before a thunderstorm. *Kalmia*

affects the heart, but the pains in the limbs are characterized by their severity, with notable absence of swelling. *Ledum* causes pains, which ascend; and there is aggravation from warmth in general. Both have aggravation from warmth of bed.

Weakness of the nervous system, paralysis, etc., are among the evident effects of LACHESIS. They are the direct results of the blood-poisoning, and so suggest this remedy when they are produced by such diseases as typhoid fever, diphtheria, scarlatina, etc. But they may result from other causes, such as apoplexy, alcoholism, especially apoplexy of drunkards; or from organic cerebral or spinal changes.

The paralysis is usually left-sided, with tingling, prickling, numbness and trembling.

There is, however, a condition developed by the snake-poison, which is suggestive of the early stages of spinal disease, and which may also arise from extension of rheumatism to the fibrous sheaths. This condition is expressed in the following. Always after sleep, so stiff, he can scarcely stir; rubbing relieves. Helpless stumbling gait, which disappears an hour or two after rising; caused by a pain as from a sprain in the small of the back that prevents every motion. Joints feel sprained.

1. In paralysis of toxic origin, compare: BAPTISIA, GELSEM., ARSENIC, *Rhus tox.*, MUR. AC., *Apis*, etc., etc.

2. In paralysis from apoplexy, compare: *Apis*, *Arnica*, BELLAD. ; BARYTA C., OPIUM, Gelsem., *Lauroc.*, *Hyosc.*, *Nux vom.*

3. In paralytic weakness, with stiffness: RHUS TOX, *Lyco-pod.*, *Conium*, *Silica*, *Causticum*, *Rhodod.*, *Natr. mur.* (tendons, hamstrings shortened.) See also CAUST., *Amm. mur.*

4. Awkward: *Apis*, *Bovista*, *Natr. mur.*, *Silica*, *Agaricus*.

1. Compare here typhoid symptoms in previous issues. MUR. AC., GELSEM. and ARSENIC have, with LACHESIS, great weakness of the muscular system.

GELSEMIUM has only motor paralysis. Ptosis is often present and the bloodvessels are enlarged from defective vasomotor control; hence the face is suffused and the pulse full but not hard. There are never the evidences of putrescence, etc., of the snake-poison.

2. *Apis* is said to suit in profound coma, even more pronounced than that of opium. Paralysis of one and convulsions of the other side.

BELLADONNA suits when the face is bloated, red; there are

convulsive movements; right-sided paralysis. LACHESIS follows.

*Baryta* suits the aged, and childishness is marked.

OPIUM, face more brown red; hot sweat; drunkards.

NUX VOM. in drunkards. Incomplete paralysis, with vertigo, weak memory; gastric ailments; costive.

3. RHUS TOX. is distinguished by the fact that the stiffness is not especially after sleep, but on beginning to move or after exertion. (See also above.)

CONIUM, but it is principally motor; sluggish accommodation of vision; vertigo, worse when turning the head.

CAUSTICUM, also chiefly motor. Partial paralysis; as, ptosis, one-sided paralysis of the face. Central irritation as shown in contractions of limbs. Staggering gait, the brain is weak; ankles give way and he falls, thus differing from the "cock-walk" of LACHESIS.

Panaritium, compare: APIS, HEPAR, *Rhus*, *Silica*, *Bufo*, *Arsenic*, *Lycopod.*, *Asafœt.*

APIS produces similar stinging, but the inflammation is more superficial and the parts are tense, red, and exquisitely sore and sensitive; after abuse of sulphur.

HEPAR presents a livid, throbbing swelling, intolerant of touch or pressure; pus has formed. If this remedy fails to evacuate the pus, or, if after breaking, the abscess continues to discharge, retaining its bluish surrounding, LACHESIS must be substituted.

*Asafetida* compares with the snake-poison when the bone is affected, threatening necrosis, with violent pains at night.

*Rhus tox.*, the swelling is dark red, dusky; slow development.

SKIN, etc. The Ophidians act almost identically upon the skin and cellular tissue, causing: itching; vesication; the surrounding parts being dark-red or bluish; peeling of the skin; pustules; ulcers; erysipelas. Yellow skin. Swellings of the limbs, with œdema. Dark-red or purplish swellings. Malignant pustules (LACHESIS). Gangrene. Capillaries enlarged and dark-colored. Symptoms return periodically.

*Vipera T.*, cures tumefactions with marked "bagging."

**LACHESIS.**—Sore spots become fungoid, dark red to brown, with whitish spots and burning on wiping. Fungus hæmatodes. Burning and itching preventing sleep; scabies, especially if with large purplish blisters.

Herpetic eruption, the vesicles are large, yellow, soon turn-



ing dark. These break and leave an excoriated surface, which burns when touched; worse periodically every spring.

Erythema worse from exposure to the sun or to damp air. Different parts of the surface feel as if burned by the sun. When rubbed, sensitive spots appear, with dark, blue-red margins and dry scurf.

Pemphigus.

Scarlet-red spots.

Rash, which turns livid or black or is scanty; scarlatina.

Small, flat warts on the hands or fingers.

Erysipelas. (See September issue.)

Miliary eruption.

Old cicatrices become painful and re-open, or bleed.

Small ulcers or pustules around the large.

Chimney-sweeper's cancer.

Open cancer with bleeding, and with bluish base.

Ulcers burn at night, or when touched.

Boils (or carbuncles) near the spine, with burning, throbbing pain.

Bed-sores, with black edges.

Ulcers, flat, spread rapidly. (See also under Syphilis, December issue.)

Small wounds bleed profusely and for a long time.

Varicose veins of the legs, especially with blueness and threatening ulceration.

Gangrene of an ashy-gray color and offensive. (See previous issues.)

Traumatic gangrene.

Malignant pustule.

Dropsy from liver, spleen, or heart affections; also after scarlatina; urine black; legs œdematous, first left, then right.

Severe symptoms follow stings of insects.

Poisoned wounds; parts look blue, are swollen and burn, with a purple line along the lymphatics, and great general prostration, stupor, etc. Septicæmia.

Skin yellow, as from jaundice, with ecchymoses and hæmorrhages.

Purpura hæmorrhagica during typhus, and kindred diseases.

**Related Remedies.**—The essentials of LACHESIS are: eruptions of a dark or bluish color; inflammations, which degenerate into ulceration or gangrene; ulcers, which are sensitive to touch, bleeding and offensive; erysipelas, which soon assumes a low type. Similar in these respects are: APIS, ARSENIC, CARBO VEG., *Cinchona*, *Secale*, NITRIC AC., LYCO-

POD., *Phosph.*, Phosph. ac., *Mur. ac.*, Silica, etc. (Compare remarks on Syphilis.)

Fungus hæmatodes: PHOSPH., *Silica*, *Carbo a. et veg.*, *Nitric ac.*

Malignant pustule: *Bufo*, etc.

Flat warts: Fluor., Dule.

Erythema, worse in the sun: *Canthar.*

Pemphigus: *Ran. secl.*, RHUS TOX., ARSENIC, Causticum, *Bufo*.

Blackish spots with old people: *Con.*, Arsenic, Opium, Sul. ac.

Carbuncle near spine: SILICA, Hyosc., Nitric acid.

Small wounds bleed profusely: PHOSPH., Sul. ac.

Varicose ulcers: SECALE C., *Arsenic*, *Hamam.*, Sulph, etc.

Poisoned wounds: *Crotalus*, ARSENIC, CARBO VEG., *Rhus tox.*, etc.

Stings of insects: Apis, *Ledum*.

Chimney-sweeper's cancer: Arsenic, *Rhus tox.*, Secale, etc. PHOSPHORUS is similar in fungus hæmatodes, wounds bleeding, etc. In LACHESIS, however, the escaping blood does not coagulate, while in the former it does. Spots on the skin appear in both, but in PHOSPHORUS they are reddish-brown. Only LACHESIS has marked blueness and tendency to gangrenous ulceration.

Both may be employed in erysipelas with suppuration, as in mastitis. But here again the color distinguishes, for PHOSPHORUS is required when the inflammation is characterized by red spots or streaks.

SULPHURIC ACID is of interest, since it offers several resemblances to LACHESIS: traumatic gangrene, blue spots like suggillations; bed-sores; fungus hæmatodes; hæmorrhages from wounds; dark pustules.

The ACID follows Arnica when bruises remain black and blue, or when wounds bleed profusely. In typhoid states, with petechiæ and dark, persistent hæmorrhages, and great exhaustion, the two remedies certainly appear, at least from a superficial view, very similar. But the form of the debility in the two is quite different. In the SULPH. ACID there are deathly pale face, subjective sense of trembling, and the tongue is dry, or red and brown. This is the well-known acid debility. In addition there may be aphtha, or the tongue may be red as if eroded.

In gangrena senilis LACHESIS is certainly more often indicated. In scabies, SULPH. ACID is required when every

spring the skin itches and single pustules develop. Though the periodicity reminds one of *LACHESIS*, the large, yellow blisters of the latter are sufficiently distinctive. In the former, too, scratching causes the itching to change place. In the latter, scratching causes vesicles, burning of the skin, or bleeding.

In carbuncle *Hyosc.*, *SILICA*, and *CARBO VEG.* are similar, as well as *ARSENIC* and *Anthracinum*. The latter two are distinguished by the dreadful burning.

*Hyoscyanus* is occasionally needed when the patient is excessively nervous, coma vigil, etc.

*SILICA*, like the snake-poison, suits when the disease progresses very tardily, with want of vitality, and scanty, thin, ichorous discharge. But the prostration is greater in the latter, the limbs being cold and clammy and the mind befogged. The parts are bluish, and the skin over the diseased part is dead, scaly. Blue swelling of the lymphatics. In the former there is hectic, with accompanying prostration and sweats towards morning. The remedy has the effect of hastening the removal of the decayed masses and of promoting healthy granulations.

If suppurating boils threaten to become gangrenous, *SILICA* is useful, but if they look bluish before breaking, *LACHESIS* is preferable.

The yellow skin of the snake-poison may indicate jaundice, or those conditions in which the skin rapidly tinges yellow, as in pyæmia and yellow fever. In the latter affection, however, when in the second stage jaundice and hæmorrhages supervene, *CROTALUS* is advised.

**SLEEP.**—The Ophidians induce two opposite states, depending upon cerebral irritation and, conversely, nervous depression and blood-poisoning. In the first, sleeplessness obtains; in the second, drowsiness and even stupor. As they all affect the heart, it is not to be wondered at that they cause anxious, vivid, and repeated dreams, with restless sleep.

**LACHESIS.**—Sleepy but cannot sleep.

Wide-awake, talkative; persistent sleeplessness night after night; sleeplessness from nervous exhaustion, as after excessive mental exertion, etc.

Cannot sleep from internal restlessness; abdomen and chest seem swollen.

Sleepless from crowding of ideas.

Child sleeps restlessly, with tossing, moaning and groaning.



Drowsiness; sleepy during the day.

Stupid state; coma; with many ailments.

Awakes and cannot sleep any more.

Aroused from sleep suddenly, especially with the laryngeal and heart symptoms.

Awakes, *always worse*; frightened. (See previous parts.)

Dreams; continual; they arouse, but he as often dozes and repeats them. Lascivious; pleasant; full of fancy; merry.

Epilepsy worse after sleep.

Always worse after sleep.

**Related Remedies.**—**LACHESIS** is characterized by sleeplessness, with mental excitement. This may attend nervous weakness, constituting what is termed irritable weakness, and may result from fever, loss of blood, the incipient action of blood-poisons, etc. Again, it may indicate an over-active brain, rendered so by protracted study; and again, it may accompany heart disease.

Conversely there is drowsiness, which suggests **LACHESIS**, in some of the most alarming forms of fever, as well as in diphtheria, etc.

Very important is the aggravation after sleep. Care is needed not to confound the remedy under consideration with **BELLADONNA**. Although both induce sleepiness, but cannot sleep, restless tossing, etc., yet the causes are different. In **LACHESIS** the cerebral irritation arises from blood-poisoning; in **BELLAD.** from a more sthenic congestion or inflammation. (See August issue.)

In deep sleep, sopor, compare **LACHESIS** with **OPIUM**, **BELLAD.**, *Hyosc.*, *Nux vom.*, **APIS**, *Pulsat.*, *Stram.*, etc.

**OPIUM** suits if there are convulsive twitchings, stertor, reddish-brown face.

**BELLADONNA** may be employed if the face is red, or if it is pale and cold, the pulse, in the latter case, being small and quick; furious look on awaking.

**FEVER.**—The Ophidians induce coldness from want of animal heat, even collapse; chilliness, with irritable weakness; heat; flushes of heat; cold sweats. Burning heat. Fever, with cold feet and legs. Typhoid type of fever. Intermittent or remittent fevers. They are therefore called for (especially **LACHESIS** and *Crotalus*) in low forms of fever.

**LACHESIS.**—Pulse: small, weak but accelerated, frequently alternating with full and strong beats; unequal, intermitting.

Bloodvessels: distended about the neck. Varicose.

Congestions: to the head, face, lower limbs.

Worse from: brandy, wine. Emotions; from unpleasant news.

Long-lasting chill, with shaking, and something like trismus.

Chill beginning in the small of the back and ascending; worse on alternate days.

After icy coldness of the calves, shaking chill, with warm sweat; then strumming through the limbs, intermingled with flushes of heat.

Thirst more before than during chill.

Chill and heat alternate and change from place to place.

Cold feet, with oppression of the chest.

Chills at night, flashes of heat by day.

Chills along the back, mingled with heat; blackness before the eyes, and failure of thought.

Chilly afternoons, followed by heat and shivering if the bedclothes are lifted; then sweat.

*Chills worse:* afternoon and evening; every other day, or returning every spring. After abuse of quinine.

*Accompanied with:* restlessness (beginning of chill); glistening eyes, chattering of the teeth. Spasms in nursing children. Oppression of the chest. Headache, red face, and cold hands and feet.

During the chill wants to be near the fire and to lie down; this makes him feel better, although it does not shorten the paroxysm. Wants to be held down firmly, to relieve the shaking, and the pains in head and chest.

Heat, with internal chill.

Heat, especially evenings, in hands and feet.

Internal sensation of heat, with cold feet.

Burning in palms and soles at night.

Flushes of heat, with great sensitiveness of the neck, evening and night. Orgasm of blood.

Flushes of heat at the change of life.

Burning dry skin; dry, coated tongue, thirst; small, quick pulse and dull eye.

Catarrhal fever with heat, fulness of the head, drawing in the teeth and facial bones, glistening eyes; coryza.

Heat ascends.

Heat of various parts: œsophagus, hands, palms, legs, feet, soles, etc. Spreads from the feet.

*Heat worse:* evening and night.

*Heat accompanied with:* loquaciousness. Face red or yellow, ashy. Headache. Pains in the throat. Thirstlessness, usually. Fluent coryza. Diarrhœa. Sleep. External throat sensitive. Burning, rending pains; bilious fever maltreated with quinine.

Offensive nightsweats.

Sweats too easily.

Sweat: red; bloody. Stains the linen yellow. Cold. Profuse with many complaints.

*Worse:* with the pains. At night or after 12 P.M. During rheumatism much sweat, but without relief.

*Types of Fever:* Intermittent. TYPHOID. Remittent. Yellow. Bilious. Catarrhal, after getting the feet wet. Hectic. Puerperal, etc. (See previous sections.)

Of the remaining Ophidians, *Crotalus* and *Elaps* have been most frequently used.

CROTALUS, it is claimed, is needed in yellow fever, when there are hæmorrhages, black vomit, etc. Delirium, with open eyes; restlessness and pains over body and limbs; small pulse, with fainting spells; bloody sweat; can retain nothing in the stomach but gelatin or brandy; skin yellow; purple spots. Second Stage.

*Elaps Coral.* has been successfully employed in intermittent fever. The symptoms are: coldness in the back. Chill, no thirst, and followed by heat. A cold drink makes him shiver; it feels icy cold in the chest and abdomen. Heat at night. He must uncover. Dyspnœa. Flushes of heat at night.

Cyanosis is produced by *Lachesis*, *Crotalus*, *Bothrops Lanceolatus* and *Vipera*. The former has it during the fever.

**Related Remedies.**—Chill ascends: *Digitalis*, *Hyose.*, *Phosph.*, *Sepia*, *Gelsem.*, *Sulph.*

Chill spreads from the back: *Hyose.*, *Eup. purp.*, *Eup. perf.*

Thirst before chill: *Arsenic*, *Capsic.*, *Cinchon.*, *Eup. perf.*, *Pulsat.*, *Sulph.*

Thirstless during fever: *Arsenic*, *Carbo veg.*, *Cinchon.*, *Helleb.*, *Mur. ac.*, *Nux vom.*, *Phosph.*, *Phos. ac.*, *Pulsat.*, *Sepia*, *Sulph.*

Chills return every spring: *Carbo veg.*, *Sulphur*.

With the chill, glistening eyes: *Lachnanthes*, *Bellad.*, *Sepia*.

With the chill, oppression of the chest: *Apis*.



With the chill, spasms: *Helleb.*, *Hyosc.*, *Arsenic*, *Camphor*, *Opium*, etc.

During chill wants to be near the fire: *Arsenic*, *CAPSIC.*, *IGNATIA*, *Kali carb.*, *Menyanth.*, *Therid.*, *Helleb.*

—— wants to be held down: *Gelsem.* (?)

Burning in palms and soles: *STANN.*, *PHOSPH.*, *Arsenic*, *LYCOPOD.*, *MUR. AC.*, *Sepia*, *Sulph.*, etc.

Flushes of heat: *SULPH.*, *Sepia*, *SUL. AC.*, *PHOSPH.*, *Lycop.*, *Calc. ostr.*, *Carbo veg.*, *Elaps*, *Ignat.*, *Rhus tox.*, etc.

With the heat, loquacity: *STRAM.*, *Carbo veg.*, *Bellad.*, *Verat.*, *Rhus.*, etc.

—— burning, rending pains: *Arsenic*, *CINCHON.*, *Eup. purp.*, *Rhus tox.* (less burning), *Lycop.*, etc.

—— drowsiness: *Ant. tart.*, *Apis*, *Arnica*, *Bellad.*, *Capsic.*, *Hepar*, *GELSEM.*, *OPIUM*, *Stram.*, etc.

Sweat is bloody: *Nux mosch.*, *Crotal.*, *Arnica*, etc.

Sweat red: *Carbo veg.*, *NUX MOSCH.*, *Arnica*, etc.

—— stains yellow: *Carbo a.*, *GRAPH.*, *Mercur.*, *SELEN.*, *Verat.*

—— cold: *ANT. TART.*, *ARSENIC*, *CAMPH.*, *CARBO VEG.*, *CINCHON.*, *Elaps*, *Digital.*, *Helleb.*, *Hepar*, *Hyosc.*, *Ipecac.*, *Stram.*, *Sulph.*, *VERAT.*, etc.

Sweat does not relieve in rheumatism: *MERCUR.*, *Cinchon.*, *Lycopod.*, *Bryonia*, *Nux vom.*, *Sepia*.

Sweat in the axilla, smelling like garlic: *Tellur.*, *Osmium*.

—— offensive-smelling: *Hepar*, *Dulcam.*, *Nitric ac.*, *Selen.*, *Sepia*, *Sulph.*, *PETROL.*

*LACHESIS* seems to require that there be desire for warmth, burning heat or flushes, and aggravation in the spring after the previous abuse of quinine. In severe cases, the heat is characterized by sleep with deep breathing, or by talkativeness. In still another class of cases, representing the debilitated, whether such weakness is from drugging or from other causes, the symptoms are: icy coldness, especially of the feet, of the tip of the nose, the ears, etc. The skin looks livid and shrivelled, and the pulse is filiform.

In catarrhal types, there is coryza, general aching and well-defined pains in the throat; headache precedes the coryza, and the patient feels weak, must lie down.

Typhoid forms have already been repeatedly referred to.

In intermitting types of fever, compare: *CARBO VEG.*, *CINCHON.*, *Capsicum*, *Arsenic*, *Menyanthes*, etc. If with great, debility bordering on collapse: *CAMPH.*, *CARBO VEG.*, *Arsenic*,

*Lauroc.*, or HYDROC. AC., VERAT. ALB., *Cuprum*, *Helleb.*, *Apis*, Phosph., Digital., *Secale c.*, etc.

CARBO VEG., like LACHESIS, has annual return of the paroxysms, loquacity during hot stage, thirstlessness during the fever, oppressed breathing. Patient very weak from protracted disease and abuse of quinine. But the thirst is most during, not before the chill; the chill is often accompanied with cold breath, coldness of the knees, even when wrapped up in bed. Flushes of burning heat in evening attacks, without thirst. Flatulency. One-sided chills, left side generally. Collapse more marked.

*Capsicum* agrees in: thirst before chill; desires warmth; chill begins in the back; irregular, intermittent pulse. But with the red pepper the chill commences in the back, and spreads thence; the thirst continues into the chill, and drinking aggravates (see Elaps). The patient is relieved by hot applications, as by jugs of hot water to the back.

*Menyanthes* is preferable when the disease manifests itself as coldness of the tip of the nose, ear-lobes, and tips of fingers and toes. Feet to knees icy cold. Hands and feet icy cold, rest of the body warm. When LACHESIS is called for in such irregular cases, with cold nose, etc., the livid skin and great weakness, as shown by the filiform pulse, are sufficiently distinctive.

Agreeing more accurately are the following, all of which produce weak or thready pulse, coldness or blueness of the skin, and of course, the greatest prostration: CARBO VEG. (see above).

VERAT. ALBUM; but the chill is associated with thirst; and (if internal) runs downwards, not upwards. Skin blue, cold, inelastic; hands blue; face, mouth and tongue cold; breathing oppressed and labored; heart weak. Heat has no palliative effect; cold, clammy sweat, worse on the forehead.

ARSENIC, external heat relieves; mouth and tongue cold; face blue; single parts of the surface blue. Anxious restlessness despite the great debility; cold, clammy sweat. Suffocative attacks of breathing.

CAMPHOR, icy-cold surface, but hot internally, so he throws off the clothing; face deathly pale; limbs blue; generally hot breath. Spasms; or, if conscious, voice altered. Sopor follows.

HYDROCYANIC ACID, marble coldness of the whole body. Pulse feeble or imperceptible. Long-lasting faints. Drinks roll audibly down the œsophagus. Clutches at the heart as if

in distress. Spasms, especially muscles of back and jaw are stiff.

*Helleborus*, muscles relaxed; suddenly he falls, with coldness, cold sweat on the forehead; slow pulse. Horrible convulsions, with extreme coldness. Rheumatic pains in the knees.

*DIGITALIS*, like the snake-poison, weakens the heart. The skin is very cold. Copious sweat, but heart symptoms are not relieved. Pulse intermits every 3d, 5th, or 7th beat; very slow pulse. It will be remembered that *LACHESIS* has oppression of the chest, with cold feet. As the latter become warmer the oppression lessens.

*SECALE C.*, cold surface; sunken, pale face and blue lips. Will not be covered. Tingling in the limbs; holds the hands with the fingers widely spread. Cold, clammy sweat. Speech feeble, stuttering.

*HYOSCYAMUS* resembles *LACHESIS* in chill up the back, objective coldness of the body, convulsions, delirium. But the chill is worse at night, and spreads from the feet to the spine, and thence to neck. The lowering of the temperature is accompanied with slow arterial action, drowsiness, or with delirious and excited talk, picks at the bed-clothing, fears being poisoned, hallucinations, fibrillar twitchings, etc.

*LACHNANTHES*, like *LACHESIS*, causes glistening eyes during the chill, icy coldness of the body, relieved by warmth. But only the former has brilliant eyes, circumscribed red cheeks, with the fever and delirium.

*LYCOPodium* follows *LACHESIS*. It is needed in fevers when the patient becomes drowsy or stupid; coldness, as if lying on ice. One foot warm, the other cold—an important symptom. Feels as if the blood ceases to circulate.

In intermittent fever the chill begins in the back, as in *LACHESIS*. It is worse from 4 to 8 P.M., or at 7 P.M.; hands and feet numb and icy cold. Sour eructations or vomit are almost invariably present, especially between chill and heat. Thirst mostly after the sweat. Desires only hot drinks.

*APIS* here, as in many other instances, favors the snake-poison. Both are suited to old or to maltreated cases; afternoon chill, oppression of the chest, sleep, nose cold, pulse fluttering, skin of hands and arms blue, and general appearance of collapse. But the bee-poison has aggravation from heat, *LACHESIS* not; the former has much more marked the oppression of the chest, with consequent smothering. The tongue is red, raw, and covered on tip and borders with vesicles. Thirst during, and not before chill. Urticaria.



CUPRUM combines coldness with convulsive phenomena. Icy coldness of the whole body. Severe cramps in the extremities, with cold sweat, blue surface; also collapse. Urine suppressed. Employed successfully in the cold stage of cholera, after Camphor; but also useful in other forms of collapse. For instance, it has antidoted snake-bite, with cramps, delirium, and finally, torpor.

MODALITIES.—These express the mode or manner by which symptoms are qualified. They are, therefore, important in the study of drugs, and especially in differentiating allied remedies. Two medicines, for example, may induce supraorbital pains of a shooting character. But if one has the pains modified by pressure and the other by sleep, we are thus enabled to distinguish them in practice. Modalities, then, qualify symptoms, and are as essential as are adjectives to nouns. Care must be exercised, however, that they be not substituted for the symptoms they modify. Too often we see cases reported, the only homœopathic resemblance between which and the remedy selected is a mere modality; as, for instance, worse after sleep, etc.

**LACHESIS.**—*Worse*: during sleep, especially throat symptoms, choking, which arouse him; worse after sleep, especially in the morning.

*Time of day.*—Generally worse from noon until 12 P.M. Still there are some prominent symptoms aggravated in the morning and forenoon. This is partly owing to the bad effects of awaking, though, as some symptoms appear later in the morning, we may ascribe them to causes then at work. For instance, the patient has vertigo on awaking, yet this returns on closing the eyes, 11 A.M. Headache in the left frontal eminence in the morning. Weakness in the morning on rising, etc. Finger-tips numb. On sitting up quickly in the morning breathing becomes slow, difficult, whistling.

In the evening and before 12 P.M. we find the following especial exacerbations: throat sensitive; craves oysters; diarrhoea; dry, hacking cough. Chill beginning some time between noon and 2 P.M., but fever is marked evening and night; sweat at night, worse before 12 P.M.

*Temperature, weather, etc.*—Worse in the cold air, from change of temperature and in the *warmth* of the bed (see below, under motion, etc.). Worse from getting wet, wet weather, windy weather. Worse before a thunderstorm. Worse from sun. Worse in the spring. Better often from warmth, wrap-

ping up, near stove, etc. Excessively cold or excessively warm weather causes great debility.

*Motion, rest, position, etc.*—Worse on and after rising from bed; worse while sitting and better after rising from a seat; better lying in bed on the painless side, but worse from warmth of bed (see above, under temperature) and from lying on the painful side. Some symptoms are better from moving, but not if continued long.

*Touch, pressure, injuries, etc.*—Almost invariably worse from touch, however slight. Useful for the bad effects of injuries, as penetrating wounds, with much hæmorrhage, or gangrene, etc.

Ailments from: Cinchona, the Solanaceæ, Hepar, Mercury, Mercurial vapors, abuse of Apis, abuse of Alcohol.\*

ANTIDOTES.—The Ophidian poisons are antidoted by Alcohol, heat, Ammonia. And some of the symptoms and chronic effects by Arsenic, Bellad., etc.

## IS SHOCK AN ELEMENT OF ACUTE DISEASE?

BY S. C. SCOTT, M.D., PITTSBURG, PA.

(Read before the Homœopathic Medical Society of Allegheny County, December, 1880.)

THIS subject first presented itself to me while watching the course of a very tedious and complicated case of *phthisis pulmonalis*. It occurred to me that there must be some reason why these and similar cases,—involving, as they do, such terrible suffering, great destruction of tissue, and consequent impairment of function in important organs,—should resist the disease week after week, month after month, and year after year, while, on the other hand, so many cases succumb in a few days to diseases in which the pathological changes are comparatively so insignificant. In other words, that as death does not result *rapidly* in proportion to the amount of tissue destroyed, it is evident there must be some element, the presence of which in one case, and its absence in the other, markedly modifies the course of the disease.

Constitutional peculiarities, or dyscrasia,—though univer-

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\* Although we have compared Lachesis with many drugs, we have recognized at the same time that there must needs be very few remedies which can offer more than partial resemblances. Still a remedy is brought out more fully by extensive differentiations, and the reader can easily deduce thence those which deserve the name of analogues, such as Arsenic, Apis, Lycopod., etc.

sally admitted as modifying the course of disease—do not, as at present understood, satisfactorily explain this lack of proportion between the destruction of tissue and the duration of the disease. Nor does the morbid anatomy of acute diseases sufficiently account for their fatal termination, and we must look beyond the evidence furnished by pathological conditions for this ultimate cause of death. This cause, I believe, will be found in some condition of the nervous system, the nature of which the scalpel has not yet revealed.

Much has been written upon the subject of *surgical shock*, but I have to ask your attention for a few moments this evening, to a condition which, in contradistinction, I will call *medical shock*. Medical shock, in a more or less degree, I believe to be an almost constant accompaniment of *acute*—so-called—*medical diseases*, and if further investigation and observation confirm this as a fact, it will not only offer a satisfactory explanation of the cause of rapid dissolution in these cases, but will become a most important element to be considered in the treatment thereof. That shock is absent in chronic diseases is due to the insidious approach of the disease, and very gradual destruction of tissue, so that the system becomes inured, as it were, to the disorder, and tolerates for a long time the encroachment of pathological processes.

Shock, Erichsen says, consists in a disturbance of the nervous system, whereby the harmony of action of the great organs of the body becomes deranged. This definition applies as well to the condition which I have called *medical shock*. So, also, the symptoms of one are those of the other, and as they are so well known I will not detain you by repeating them. That of a “fall of temperature” demands some notice, however, as, being a constant symptom of shock, it would at first thought seem to preclude the presence thereof in acute diseases, which are generally characterized by an increase of heat. Now, is it the case that all acute diseases are ushered in by an increased temperature? I think not. On the contrary, I believe close observation will prove the opposite condition to be an almost constant symptom. The fact is, that where we can obtain an accurate history of the case from the beginning, we almost always find the first symptom complained of to have been a chill of more or less severity, indicating a fall of temperature, and there are many more cases in which it is impossible to get a full statement, where I think it is not unreasonable to suppose it does actually exist. In still others, I am convinced that its seeming absence is due to the extreme



violence of the disease, masking, as it were, the evidence of the chill.

Now, by way of analogy, we find surgical shock most violent and fatal in those cases which follow injuries to the viscera and brain, and acute diseases we find manifesting a decided preference for those localities, thus bringing the force of the disease to bear upon the very organs most susceptible to the action of shock-producing causes.

Again, shock has been produced by the most trivial injuries, and even mental conditions—prominently fright—where no physical injuries were inflicted, have been the cause of fatal cases. Now, when the mere apprehension of danger makes such an impression upon the nervous system as to produce death, I think we may reasonably assert that so potent a force as that of disease is capable of acting in a similar manner.

As the ultimate object of all medical and surgical investigation is the palliation or cure of disease, let me, in conclusion, add a word as to treatment. Of course, in so general a subject, no definite line of treatment can be laid down; but it seems to me, that in the matter of remedies for the class of cases under discussion, other things being equal, the preference should be given to those which we know to have been so effective in controlling shock as a result of external injury.

#### DISCUSSION.

DR. McCLELLAND: This is a subject of a suggestive character, and might well occupy our attention. The part which mental shock plays in acute diseases has not been brought, in a sufficient degree, to the attention of the profession; and yet I feel assured that there is, in a certain degree, such a state or condition. The ordinary definition of shock is that of some derangement, some impact on the nerves or nerve centres. As the nervous system is the citadel of life, it is easy to see that anything which would disturb the equilibrium or repose of this system must strike at the very foundation of life. It has been a subject of frequent remark, that life was not cut short in proportion to the amount of pathological change in the body; that persons did not die in proportion to diseased conditions. We have cases, for instance, where a large portion, we may say the greater portion, of the lungs is diseased, and yet the patients live for years with a frightful amount of organic change in the nobler organs. In one patient under my observation, one lung was no larger than my fist, and the

other one was nearly gone; the chest-cavities were frequently washed out, and large quantities of pus removed, and yet he lived and attended to his work for a length of time miraculous almost. The liver, heart, or brain may be the seat of a destructive process which may almost destroy the entire organ, and yet the patient live on. We may have, again, a child running around perfectly well, to all appearances, and yet within thirty-six hours it may be a corpse, struck down on the instant, as it were. Now in these two classes of cases there is no comparison in the amount of destroyed tissue. It must be that in these chronic diseases, the process advances so gradually that nature becomes somewhat accustomed to it; in other words, there is no shock. In the other case the brain is suddenly affected, prostrated, or is in the condition, to all intents and purposes, which in surgery would be denominated "shock." They succumb not in proportion to the change in the morbid anatomy, but from the blow to the nervous centres. The morbid condition here involved may account, in some degree, why Aconite, Gelsem., and kindred remedies, have a bearing in acute diseases, with symptoms of collapse, and so frequently bring about a favorable reaction. Another point in the therapeutics of shock: I do not believe that the rapid induction of stimulants in such a condition often fill the bill. We have in such remedies as opium, camphor, and others, better means for restoring reaction than in the use of stimulants: stimulants have rather a paralyzing effect.

DR. BURGER: I do not see any necessity for imputing the cause of death in rapid and fatal cases of scarlatina and diphtheria to shock. The condition is simply one of blood-poisoning, and not one of shock. In apoplexy, where death is often instantaneous, the death does not follow in consequence of shock, but from organic lesion.

DR. J. B. McCLELLAND: In cases of death from apoplexy, to what would you assign the primary and what the secondary cause?

DR. BURGER: I do not believe in the secondary cause of death; the primary cause is the immediate cause.

DR. HOFFMAN: I do not think the term "shock" should be ascribed to effects arising from internal causes. Shock comes only from external causes. Zymotic diseases depend on a blood-poison, and this may at times be so severe as to prostrate the patient in a few hours. But this can hardly be ascribed to shock; the death comes from within the system. External causes acting on the nervous system paralyze it, and

we have true shock ; but the transmission of disease by contagion does not need shock to produce death. I think it is assigning one name for two causes.

DR. McCLELLAND: I will have to differ on this point. While, in a strictly surgical sense perhaps, shock may be the result of external causes, yet it does not necessarily need, by any manner of means, external causes for its production. What is shock? An impingement on the nervous system by which the action of the great organs of the body are interfered with. There is nothing in this definition to invalidate the claim that is made by the essayist and myself. I believe that shock may come from an internal as well as an external force. In apoplexy no amount of blood is lost, but the action is on highly sensitive tissue, and we have shock. Surgical shock may, and does, come from external causes, but the same principle holds good in a sudden internal injury in which the organism is taken by surprise and there is no reaction, and death ensues as a cause of this derangement. The more we examine this subject, the more it explains singular things. Not long ago I lost a patient from phthisis as the primary cause. One year ago the patient had repeated and excessive hæmorrhages from the lungs. He rallied, however, from this attack, and gained strength and vigor. A short time ago he took cold, and on the next day, in consequence of the congestion, he had a slight hæmorrhage. The hæmorrhage was repeated, but only to a limited amount, yet the patient died; there was no reaction. The amount of blood lost did not compare with the previous attack. In addition to the physical prostration we had a mental condition or shock. He was oppressed by a sense of fear lest the alarming symptoms of his previous attack (the necessary results of profuse pulmonary hæmorrhages) might return, and of which, previous to that attack, he had not had any experience. At the post-mortem examination the left lung was found to possess quite an amount of capacity, while the right one was considerably diseased. If there was nothing more than the pathological change it would seem as if this man should not have died from the amount of blood lost. So I think this element of shock often comes into play. I think we may do very much in these cases by our manner, and by inspiring confidence in our patients, without the use of any medicine, making a mental impression upon our patients being all that is required. I have seen cases where there was no marked destruction of tissue, and yet the patients



would go into a condition of collapse and regular physical shock.

DR. BURGHER: I believe all acute diseases have a prodromal stage, whether detected or not, although many cases seem to come on very suddenly; but it is not necessarily a shock. In some cases the disease has been in a state of incubation for days before the development, and the system is not necessarily taken by surprise. I do not think a case of croup ever developed in a single hour; there is always some preliminary condition. The throat is filled with mucus, and we have death, not from shock, but from the carbonic acid gas which is suddenly developed.

DR. McCLELLAND: You have here a sufficient pathological cause. I am trying to account for death in those cases where there is not enough of pathological change to justify the rapid extinction of life.

DR. CHILDS: I know of one case where a lady caught her foot in a railroad track, and, while trying to extricate it, a train approached on another track, but she imagined that it was coming on her, and death resulted from the fright. The verdict was given as shock, although the cause was mental only. In another case a child died of scarlet fever within twenty-four hours after the appearance of the first symptom, viz., drowsiness. In regard to the implication of the nobler organs, I remember one case where, in the post-mortem, we found larger cavities in the lungs than I ever saw; there was hardly any lung-structure left. Yet this man had lived for some years in this condition, and during our Sanitary Fair was one of the most active workers in it. He was confined to the house for only a few weeks before his death.

DR. BURGHER: What does this prove?

DR. CHILDS: Just what Dr. McClelland refers to: that we have a condition causing sudden death in cases where no organic change can be found sufficient to account for the death, while in other cases persons may live for years with extensive destruction of tissue in the most vital organs, and death come only after a long lapse of time.

During the meeting Dr. Childs gave the following therapeutic hint: I would call the attention of the Society to the use of Kava-kava in gonorrhœa. I have used it in a number of cases with excellent results. If given within forty-eight hours after the appearance of the discharge the relief is usually prompt. I generally give an ounce of the tincture of the

Kava-kava in four ounces of water, and direct a teaspoonful to be taken every two hours the first day, and every three hours the second day. If no relief follows in forty-eight hours the remedy is not suited to the case. It is *the* remedy, in my hands at least, for chordee occurring at any stage of the disease.

T. M. S.

## MYDRIATICS—THEIR ACTION AND USE.

BY CHARLES M. THOMAS, M.D.

(Read before the Homoeopathic Medical Society of the County of Philadelphia.)

CERTAIN substances, from the power they possess of dilating the pupil when applied directly to the eye, have received the name of mydriatics. Among these are Belladonna, Hyoscyamus, Stramonium, Gelsemium, Duboisia, and a new compound developed within the last few months called Homatropin, from its resemblance in action to Atropin, the alkaloid of Belladonna.

Up to within a recent period, the Atropin sulphate was looked upon as the most important of all mydriatics, since it produced pupillary dilatation in the shortest time and with the least amount of general systemic disturbance. Lately, however, many observers have claimed a superiority for Duboisin sulphate, the alkaloid of Duboisia, in its more rapid action, its shorter duration, and less irritating effect on the conjunctiva.

The use of Homatropin is of too recent a date to enable us to judge well of its future usefulness, although from experiments now being made by a few investigators, it is quite probable that it may, for certain purposes at least, be found of much service in the treatment of eye diseases.

The action of various drugs in dilating the pupil was not unknown to the ancients, but it was not until the early part of this century that its paralyzing power upon the accommodation was discovered. Later Von Graefe, of Germany, was supposed to have demonstrated the further effect of Atropin in diminishing the intraocular tension. Since then mydriatics, and especially the Atropin, have been most extensively used in all branches of ophthalmic surgery.

We will consider, for the present, *Atropin sulphate*, as the typical mydriatic, inasmuch as the later preparations of Duboisia and Homatropin are still somewhat *sub judice*.

The local application of a solution of this drug to the front of the eyeball is rapidly followed by an enlargement of the pupillary area through expansion of the iris. Accompanying

this, the power of accommodation is found to grow weaker, and finally is altogether lost.

The iris remains immovable in this dilated state for a longer or shorter time, depending upon the strength of the preparation used; the Atropin then slowly losing its effect, as evinced by the gradual reinstating of the mobility of the iris and the power of accommodation, leaves the ball finally in the same state as before the use of the drug. It seems to exert upon the extraocular muscles, even those supplied by the same spinal nerves as the iris, but little effect, its almost exclusive action appearing to be a paretic one upon the muscular fibres of the iris and ciliary body, and that mainly on the circular fibres, although an excitation of the radiating fibres has also been demonstrated.

To obtain the action of the mydriatic, an aqueous solution of the drug is simply dropped upon the face of the cornea. The resulting pupillary dilatation does not take place with equal promptitude in all cases. It is influenced much by the age of the individual, various conditions and diseases of the cornea, iris, etc. Thus where a solution of a certain strength will dilate the iris of a child in ten minutes, the same preparation in an aged person may require three times as long to take effect. Again, in high grades of iritic inflammation, or in conditions accompanied by extreme tension of the ball, the pupil will react but slowly to the strongest preparation and in rare cases not at all. In a healthy eye, an extremely small quantity will produce dilatation; even so weak a solution as one part in 14,400 of water, as demonstrated by Kuyper, of Utrecht, in 1849. So weak a preparation, of course, acts but slowly, requiring nearly an hour before it becomes perceptible, and its maximum effect is not reached for several hours. In practice it is customary to employ a solution of from 1 to 4 grains of the neutral sulphate to the ounce of pure water. A drop or two of the 4-grain preparation will generally cause complete pupillary dilatation in fifteen minutes, and hold its effect for twenty-four hours, when it begins gradually to lose its power, so that by the fifth to the sixth day the iris will have regained much of its mobility, and by the twelfth to the fourteenth appear perfectly normal. The change in the accommodation does not run exactly parallel with that in the iris. Its impairment begins rather more slowly, and is not completed until about an hour and forty minutes. Its power reasserts itself nearly simultaneously with the return of iris mobility, and is



entirely restored somewhat earlier than the latter, according to Donders as early as the tenth day.

That the Atropin exerts its action on the ciliary body and iris by absorption through the cornea, and commingling with the aqueous humor, has been conclusively proven by the experiments of Reuter, Graefe, and Donders.

As proving the entire local action of the mydriatic, the iris was dilated within a few minutes, during the experiments of Donders and Reuter, in the eyes of frogs, after removal of the heart, the brain, and spinal cord, after decapitation, and even after entire isolation of the eyeball. In another instance, Atropin was repeatedly dropped on the cornea of a rabbit, and immediately followed by a thorough washing with a stream of water; the anterior chamber was then opened, its aqueous humor removed and placed in contact with the cornea of a dog's eye, with the result of considerably dilating the pupil. A similar application of the aqueous humor for an eye whose pupil had been dilated from internal administration of the drug, was followed by no mydriasis.

The use of mydriatics for diagnostic purposes is quite invaluable, not only in ophthalmic, but in general practice as well. In distinguishing diseases and anomalies of the lids, and of the ball anterior to the iris, it will, of course, never be required, but, in obtaining a distinct view of any portion back of this plane, the iris in very many cases will, in its undilated state, present a most complete barrier.

Thus, for instance, it might be difficult in a given case, to determine without a mydriatic, whether a contracted pupil were due to spasm of the accommodation, or to the presence of extensive adhesions between the iris and lens. Or, in case these adhesions were known to be present, it would often be quite impossible to decide without forcible dilatation, as to the most favorable point for operation. Again, an insidious iritis might go on undetected to the formation of damaging lenticular adhesions, had we not the means in our Atropin or Duboisin of exposing these bands to view, while still young and weak, and by this early detection be enabled, not only to better combat the disease, but by destroying the adhesions prevent the recurrence of attacks, to which the eye is liable so long as they exist.

For the proper diagnosis of *lenticular troubles*, mydriatics are almost indispensable.

Although careful examination with an undilated pupil will generally enable one to detect opacities of the lens near its central portions or axis, it would be quite impossible to make out,

for instance, an incipient peripheric cataract, where the positive signs of an approaching blindness are hidden behind the undilated iris; or, indeed, one might remain much in doubt, without the help of a mydriatic, as to whether the cloudiness of a pupillary space were really due to a lenticular or to some change going on deeper within the eye. Even when cataract is undoubtedly present, our choice of an operation, our prognosis, etc., can only be intelligently made after a thorough exposure of the lens by widely dilating the pupil. In cases of deeply-seated opacity with diminishing or lost vision, the cause may lie in the presence of a variety of conditions, among which may be found the growth of a malignant tumor from the retina, which, so soon as diagnosed, would call for immediate removal of the ball, to save the life of the patient. Hence, we need in such cases all the light which the widest dilatation will give us.

Again, in certain annoying head and general nervous troubles we may, knowing of hypermetropia as one of the causes of such symptoms, suspect its presence, but fail to demonstrate the defect of sight by an ordinary examination, because the muscle of accommodation, although overworked and complaining, is still able to shorten the focus sufficiently to give good vision.

A single drop of the mydriatic will in a few moments clear up the whole matter by setting aside the power of this little muscle, and so render the concealed refraction error manifest and amenable to treatment. In the opposite condition of refraction too (the myopia or shortsightedness), there is frequently a risk of overestimating the amount of trouble, owing to the frequency of accommodation spasm. This is readily detected by the instillation of a few drops of our mydriatic, which by overcoming the spasmodic action of the muscle reveals the true extent of the visual defect.

So much for its use in diagnosis, though more might be said. As a *therapeutic* agent, mechanical and otherwise, it is no less efficient.

In inflammatory conditions of the cornea and iris the local use of Atropin or Duboisin is of the greatest service in relieving pain and photophobia, and I believe in very considerably shortening the progress of the attacks. Undoubtedly one of the most important indications to be fulfilled in the treatment of all such inflammations, and particularly with reference to iritis, is the placing of the inflamed part, and indeed of the tissues of the whole eyeball, in a state of perfect rest; and this cannot be effectually accomplished in any other way than by the

free use of a mydriatic. The constant spasmodic contraction and dilatation of the iris, in its efforts to regulate the amount of light admitted to the interior of the sensitive ball, cannot be other than exciting and irritating to the already inflamed membrane, just as would be the case in an inflamed joint, for instance, where no rest were allowed it. There is no other way of overcoming this great drawback to a proper cure, except by depriving this restless little muscle of its activity, and that can only be done by a mydriatic.

Again, perhaps even a more important reason for its use here is that where the iris is in a state of complete dilatation, its free margin entirely removed from its ordinary close proximity to the anterior surface of the lens capsule, and consequently when the plastic matter is thrown out from the inflamed surface, it is floated off by the layer of aqueous humor between the iris and lens, and those troublesome and even dangerous complications of the disease, posterior synochia, are thereby avoided. Even when they have already formed it is possible, by early and thorough application of a strong solution, to either rupture or to so thin them as to render them harmless in prolonging the attack or predisposing to recurrence.

Finally, it has been found that in iritis and similar inflammatory affections, the use of a mydriatic is generally followed by a lessening in the engorgement of the vessels of the iris, and a relief of the intraocular circulation, which is not only a great comfort to the patient, but an important aid in the treatment of the case.

In ulceration and corneal inflammation mydriasis is extremely useful not only in allaying congestion and relieving pain, but is also of great service in cases particularly of central ulcer when perforation into the anterior chamber takes place. Then, if it has been vigorously applied previous to the rupture, a prolapse of the iris may be entirely prevented; or, if it does occur, the hernial protrusion may, under firm pressure from without, aided by the expanding efforts of the iris, induced through the repeated instillations of the mydriatic, be entirely reduced.

In certain central lenticular or corneal opacities, when, for any reason, an iridectomy is not admissible, a permanent moderate dilatation of the iris will often give useful vision.

In a case of zonular cataract under my own observation, the gentleman had made constant use of Atropin for about twenty years, and enjoyed thereby sufficient sight to enable him to teach school most of that time. Only recently a young man was sent



to me with zonular cataract in both eyes, and as his pupils were not large he was comparatively helpless for the want of sight. He is now under the effect of Atropin, and sees sufficiently well to earn his living as office-boy for a physician.

It is well known that in a large number of cases convergent squint depends for a cause upon a hyperopic conformation of the eyeball. The excessive accommodation effort requisite for clear vision in such eyes, naturally necessitates a similarly excessive convergence, which at first running into a periodic squint, afterwards becomes more or less constant, soon increasing to a permanent conspicuous deformity.

The early use of convex glasses of appropriate strength gives to a patient his normal vision without the extra accommodation effort; and the eye being so relieved the necessity for convergence is no longer felt, and the squint disappears. But sometimes it is impossible, particularly with children, to push successfully the treatment by glasses, and then we have an efficient substitute in the mydriatics. Under its full influence accommodation is impossible, and the undue convergence will cease. By continuing the mydriatic action for a prolonged period (at intervals for months or years if necessary) both eyes are kept in use, and binocular vision preserved till such time as glasses can be worn, and the cause of the squint removed.

As in hyperopia, so also in myopia, we may with advantage have recourse to mydriatics in our treatment. The continuous and extreme accommodation accompanying the convergence for near points frequently brings in its train more or less disturbing asthenopic symptoms. Especially in the medium and higher grades of myopia, when the proper spectacles have not been worn habitually, we often find persistent spasm of the accommodation. This is not only a source of pain and weariness to the eyes, but it tends also to directly promote the progressive increase of the myopic disease. Hence in rapidly increasing short-sightedness accompanied by pain, etc., the eyes should be examined under the effect of a mydriatic. In this way, when spasm exists, not only can the true grade of the myopia be determined, but the accommodative asthenopia will be relieved, and, by maintaining a moderate dilatation for a more or less prolonged period, the progress of the disease, under this enforced rest, may frequently be checked.

Although what has been said is not at all exhaustive of the good effects to be obtained from mydriatics, still I think it is sufficient to show that in the treatment of eye diseases they are not to be lightly thrown aside.

There are, however, certain times and cases where it is not advisable, and where, indeed, it would be harmful to persist in their use.

Thus it has been found that if an eye is at all predisposed to glaucoma, *Atropin* is very likely to induce or precipitate an attack. Here, of course, its use is not to be thought of, and should always be guarded against.

Again, a very long-continued use of *Atropin* may, although rarely, set up an irritation of the conjunctiva approaching, or even running into inflammation (*Atropin conjunctivitis*), and in fact there are some people who are so susceptible to its influence, as to exhibit symptoms of poisoning from the use of the weakest solution. They are happily extremely rare; even oculists may practice a lifetime without seeing such an example.

The instillation of the mydriatic alkaloid should, in ordinary cases, be attended by no pain or irritation of the eye; otherwise, the drug is not pure, or has by long standing become acid. Hence the necessity for frequently renewing the solution. When from a necessarily prolonged use there is shown a tendency to the production of irritation, the drug may be mixed with advantage in Castor oil, as recommended by a recent writer. It is claimed that the new mydriatic Duboisin is less likely to irritate than *Atropin* under prolonged use, but there has not as yet been a sufficiently extensive employment of it to establish the certainty of this statement.

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### OVARIOTOMY, NO. 7.

BY JAMES B. BELL, M.D., BOSTON, MASS.

(Read before the Maine Homœopathic Medical Society.)

Miss —, aged 39 years, at my first interview, November 3d, 1877, as recorded in my notebook, had pain in the right side of the abdomen and also some enlargement for six months, and since that time costiveness and indigestion. Appetite good. Lies best on the right side. Menses return regularly every three weeks and a half and continue five days; she uses five napkins.

*Inspection.*—Abdomen much enlarged, right side more so than the left. Color of the skin good.

*Palpation.*—Considerable fat in the walls, which are movable and can be taken up in folds. Fluctuation over the whole

abdomen, except in the right iliac region, where a considerable space seems firm.

*Percussion.*—Dulness everywhere.

*Per vaginam.*—Marked anteversion; uterus freely movable.

*Diagnosis.*—Polycystic ovarian tumor, from the right ovary, partly solid (or nearly so). Few adhesions.

*Prognosis.*—Will require an operation for removal in about a year.

The patient was in too good health at the time, and too little reduced by the tumor, to make an operation advisable. Surgical interference is always best borne when it brings relief; when it removes discomfort, pain, oppression, exhaustion.

This patient went on very well for some months, when quite a rapid increase in size took place. But as it was already late in May, 1878, I hoped to postpone the operation until September. Accordingly I visited her at her home and drew off eighteen pounds of a thick syrupy fluid. The solid portion of the tumor was now readily examined, forming in the right abdomen a firm, movable mass, the size of an adult head. During the next ten weeks two smaller aspirations were made, and then the patient came to the city for operation.

Her condition at this time was markedly "ovarian," with emaciation, and oppression from the tumor.

The operation was performed August 12th, 1878. The incision was made four inches long and enlarged to six inches. Several sacs had to be tapped. The adhesions were unimportant. The solid portion of the tumor consisted of sacs containing colloid masses. These were broken up and evacuated through the main sac.

The pedicle was securely ligated in halves with strong silk and dropped back. There was a sensible subperitoneal fibroid, of the size of a filbert, upon the fundus of the uterus, but it was not disturbed. The tumor was from the right ovary.

Arnica<sup>200</sup> in water relieved the acute pain which usually follows operation. She was allowed a little whiskey in milk, a teaspoonful every ten minutes.

The next morning at 6 A.M. I found that she had slept a little, but had vomited some, tinged with bile. Continuous nausea. Great thirst for cold water. Cold sweat on the forehead. Bitter taste. Faintness at times. Pulse 120. Stopped the whiskey, and gave Verat.<sup>200</sup> every half hour.

At 9 o'clock she was warm and comfortable, and the nausea had ceased.

The recovery went on without other important incidents, the



case requiring only the usual watchfulness and care. The pulse remained 100 to 112 until recovery was nearly complete.

The present insight into things formerly unseeable shows a gratifying advance in surgical diagnosis, especially in abdominal tumors. This is owing to the labors of many eminent men. It will be noticed that the entry in my notebook corresponds very closely with what was found at the operation. This was not mere guesswork, but a conclusion drawn from reasons which are apparent.

The aspirations should not have been made. Although without harm in this case, it subjects the patient to an unnecessary risk, and did not succeed in this case in tiding the patient over, as was hoped, to a more propitious season for operating. There were other reasons for the postponement which induced me to aspirate.

The ligature and intra-peritoneal treatment is once more successful and without a complication. Cleanliness and care seem to do all that the Carbolic acid treatment can, and without the dangers and drawbacks of the latter. The "diffusible stimulus," whiskey, had to stand back for the still more diffusible, because indicated, stimulus, Verat.<sup>200</sup>.

The patient remains well up to this time. Some excellent physicians of our school have regarded ovariectomy as a palliative, and likely to be followed with injurious results. In my seven cases, the five who recovered remain in excellent health, except one, who died some months after of visceral cancer.

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## Miscellaneous Contributions.

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### GIANT CELLS IN TUBERCLE.

At a recent meeting of the Société de Biologie (*Le Progrès Médical*, 1880, p. 866) Dr. Cornil communicated a new anatomical discovery relative to the giant cells which have been studied by histologists during the last seven years. This relates to the impregnation of these cells by particles of carbon or pigmentary matter in the case of old or fibrous tuberculosis. When the tubercular granulations are transformed we find, on examining them under the microscope, a mass of giant cells impregnated with pigment. This pigment, which arises from carbonaceous particles or from the coloring matter

of the blood, gives great solidity to the diseased tissue, and, as a result, lengthens the life of the tuberculous patient.—*Phila. Med. Times*.

#### AMERICAN PUBLIC HEALTH ASSOCIATION.

REPORTED BY BUSHROD W. JAMES, M.D., PHILADELPHIA, PA.

THE annual session of this congress of sanitarians opened December 7th, at 10 A.M., at New Orleans, La. Dr. John S. Billings, of Washington, President, in the chair. The local committee was untiring in its efforts to accommodate the members. Greatly reduced rates of fare on the railroad lines, freedom of Western Union Telegraph Company for members to send home dispatches without charge, free carriage over nearly all the city passenger railway lines, a free excursion down the Mississippi River to Mr. H. P. Karnochan's large sugar plantation, and the hospitalities of New Orleans by its Mayor, were tendered to those in attendance.

After some preliminary business the first paper was read by Dr. Gustavus Devron, of New Orleans, on "Abattoirs." He considered them as unavoidable nuisances, and referred to the ancient Roman corporation of butchers, whose exclusive privilege and duty it was to slaughter animals for the supply of Rome under the Empire. Those established in France by Napoleon I, five in number, cost \$3,468,800, and were for the interest and protection of the population. Belgium opened them in 1849; Switzerland, also, about that time. Great Britain, Austria, Germany, Italy, and the United States followed later, but in the last-named country cities have not adopted the system as generally as could be desired.

Philadelphia, Boston, New York, Jersey City, Chicago, Cincinnati, Pittsburgh, and New Orleans all have modern abattoirs. He described the New Orleans Slaughter-house Company's buildings and mode of preparing meats for the New Orleans markets. All animals have to be killed and prepared here, and they are inspected before killing and the meat examined afterwards.

The Governor of Louisiana appoints the inspectors. For two and a half years to July 1st, 1880, over one hundred thousand beeves, over one hundred and eighteen thousand calves, over fifty-three thousand sheep, and over forty-nine thousand hogs have been inspected and slaughtered there. About three hundred men and women are employed about the place, and live in a village adjacent to the grounds, which

are located on the Mississippi River about five miles below New Orleans. Little or no sickness occurs among these villagers. Dr. Devron was formerly an inspector of the establishment, and he says that the company is zealous in assisting to protect the health and lives of the inhabitants of New Orleans.

The second paper read was by Dr. Bushrod W. James, of Philadelphia, on "How Abattoirs Improve the Sanitary Condition of Cities." He referred to former papers that had been presented to the Association and aimed to go more into detail, and showed that both on sanitary and economic grounds the abolition of private slaughter-houses in all cities is desirable and imperative; and where the abattoir system could not be otherwise introduced, State or city laws should compel it by suitable enactments. He enumerated eight different evils of the distributed system, and contrasted them with the advantages of the abattoir system. The disadvantages of the old system enumerated were:

1. The necessity of driving cattle through the streets.
2. Carelessness in regard to the condition of cattle when slaughtered.
3. The seeming impossibility of preserving private slaughtering places perfectly clean and pure.
4. The transportation of offal and waste through the streets, often in an exposed condition, and the discharge of waste, solids and liquids, into the sewers, and often into the gutters.
5. The lack of thorough municipal inspection.
6. The failure to apply improved methods of killing.
7. The bad moral effect of exposing the process of killing to the public, and especially to children, as is often done.
8. The increased cost as compared with the abattoir system, and consequent increased cost of meat to consumers.

He felt that the advantages of the abattoir system, when fully understood, must lead to its universal establishment.

The third paper read was by Dr. Joseph R. Smith, Surgeon U. S. Army, on "Texas Cattle Fever."

As the opinion generally prevailed that there existed in Texas a widespread cattle disease, epidemic and contagious, which had aroused suspicions that Texas is, or is soon to become, an unsafe source of beef supply for the Northern States, he had aimed to test the correctness of this opinion by talking and corresponding with many Texas cattle-breeders and drovers, and also written to medical men all over the country, in order to obtain definite and accurate information upon the



subject, and had received an abundance of letters conveying definite information on the subject.

From these letters he had become fully satisfied that many cases of the various diseases of cattle occur, and especially where they are crowded together, as in pastures, or stockyards, or stables, mostly in the vicinity of large towns. His inquiries led to the conclusion "that no epidemic disease prevails among the Texas-bred cattle living and grazing in that State. But that imported cattle, soon after their arrival, are affected by a disease called Texas or Spanish fever, which is very fatal to them."

DR. RAVE, of Chicago, discussed the subject from a commercial as well as a sanitary point of view. It was important to thus investigate the disease, for it had interfered with the exportation of cattle abroad as well as with the home trade in Texas cattle. While no direct injury had been, thus far, traced to the use of the meat of animals affected with this disease, yet there certainly must be some. A law had been passed in Illinois, prohibiting the transportation of cattle into that State between May and October, but the law had been declared unconstitutional. If the question had been one of sanitation and inspection-it would no doubt have stood.

DR. ELISHA HARRIS, of New York city, argued that while Texas cattle did not show the disease in themselves, yet when the cattle were brought North, East, or West, their presence, in any locality, was followed among the native animals by the disease known as Texas cattle-fever. Cattle crossing the trail of Texas beeves had taken the disease. He quoted facts and figures to uphold his statements.

The next paper was by Dr. J. G. Pinkham, on "The Sanitary Association of Lynn, Mass." It showed that Lynn had grown rapidly since the war, and its houses were mostly cheap structures of wood, built too often upon damp and wet land, with defective drainage and ventilation. Little attention had been paid to under-drainage as a means of improving these damp sections of the city. An organization had been effected, sanitary tracts issued, and an attempt made to educate the people on sanitary subjects, and stir them up from the general apathy they evinced. Obstructionists were met with, medical leadership was discredited in advance, and their opinion was held as valueless on account of supposed self-interest. The people were accustomed to have physicians deal with the *cure* of disease, not with its prevention.

DR. DEVROX, of New Orleans, in discussing the paper, re-

ferred to the fact that a State Board of Health existed in his State, but had not sufficient means to carry on its work. The citizens of New Orleans had organized an auxiliary sanitary society, which, with energy and capital, had placed the city in the best sanitary condition it had ever enjoyed. These sanitarians, he believed, would continue their good work until New Orleans would, in its sanitary condition, be second to no other city.

DR. AUSTIN, of New Orleans, claimed that the proper recognition had not been given to the National Board of Health, to whom was due the credit of having crushed, in its incipency, a yellow fever epidemic in New Orleans in 1879. It had furnished the funds whereby disinfectants were procured to cleanse the streets of the district wherein the fever was spreading. A member of the National Board had superintended the distribution and application of the means necessary to prevent the spread of yellow fever, and to that board should be given the credit due their successful efforts.

DR. ALBERT GIBON, Medical Director U. S. A., as chairman of the Committee on A Plan for the Prevention of the Spread of Venereal Disease, made a lengthy report, which had been prepared after considering the whole subject without prejudice or bias. The public must be enlightened as to the extent of a disease which spreads its venom invisibly, insidiously, and daily, throughout all seasons, in every land, and among all races and conditions of people. The report says:

"An editorial, in the *College and Clinical Record*, of Philadelphia, of October 15th, states: It happened to the writer to be recently called to see a man of most respectable surroundings, who bore an unmistakable venereal sore upon his hip, and subsequently manifested all the features of secondary syphilis. It was said that this had followed a trifling surgical operation upon the part affected for the removal of a slight deformity; the instrument or hands of the surgeon communicating the specific virus. In the same manner, it will be remembered, that a New York dentist, not long ago, communicated syphilis by his forceps, and a well-known laryngologist inoculated a number of patients with pharyngeal chancre.

"When the public know by how many thousand channels this disease may assail them, your committee have no doubt that they will demand protection at any cost, and they urge upon this Association the promulgation of the fact that, so long as syphilities are allowed to go unrestrained, the spotless woman

and the innocent child share the danger of contamination with the libertine and prostitute.

"Let it be known that this fearful pest may be communicated by the blankets of the sleeping-car, the sheets, towels and napkins of the steamship, hotel, or restaurant; by the hired bathing-dresses of the seaside resort, and the costumes rented for the fancy ball; by the chipped edges of a coffee-cup, as seen at most hotels and eating-houses, and their half-cleansed knives, forks, and spoons; by the public drinking-vessels in the railway car or station, as well as the public urinal or closet; by the barber's utensils, the brush and comb in the guest-chamber, the hatter's measure, or the borrowed or sample hat; by the surgeon's or dentist's instruments, or the vaccinator's lancet; by the broom or dust-brush handled by a parlor maid, or by the spoon touched by the mouth of the cook or nurse; by the toys sold to children in the streets by vendors with poisoned lips or fingers; by playing-cards and visiting cards, which have been used, and especially by car-tickets, and by the paper money which circulates in a city where fifty thousand syphilitics are at large; by the loaned pipe, or cane, or glove; by the grasp of a friend's hand, or the kiss of an accepted lover; by the son to his mother and sister; the husband to his wife and unborn child, and by the latter to its mother.

"Were venereal diseases restricted to those who seek illicit sexual gratification, it might be well to let the guilty suffer and die; but when their sin is sure to leave upon them an ineradicable taint and to be transmitted to their helpless offspring; when, worse than all, the syphilitic leaves his stain upon whatever he touches to foul the chance passer,—man, woman, or child,—as fearfully as if they had visited the vilest lupanar, it becomes the duty—the most important of all duties—of this Association to devise some plan for their protection. Your committee have been charged with the suggestion of such a practical plan. Of the numerous propositions submitted to them, that most zealously advocated provides for the registration and compulsory examination of prostitutes, and the seclusion of those diseased; but this alone your committee does not hesitate to admit to be inadequate.

"The idle charge, endeavored to be substantiated by figures, that the inspection of public women has only induced a greater amount of disease, is not worth refuting; but the insufficiency of these inspections is evident, because, while discovering women who are diseased at the weekly or semi-weekly visit,



it leaves them unprotected against the intermediate approaches of infected men and the unconscious contamination of their subsequent visitors; because minute abrasions, hidden deep in the vagina or among its rugæ, may escape detection; because a woman may undoubtedly be the vehicle of communicating disease from one man to others, without herself becoming infected; because women, who are not avowed and registered prostitutes, shop-girls, domestic servants, saloon attendants, ballet girls, choristers, kept women and the like, are exempt from examination; and chiefly, because it ignores the men, who are the original contaminators of the prostitute. Furthermore, in this country at least, it is a fact that prostitutes, except those of the lowest class, have learned that it is to their own interest to keep well. There are few public houses which do not now have their regular medical attendants, who examine the inmates and treat them when diseased, and the first lesson taught the young harlot is, to carefully inspect her male visitor, however gentlemanly his exterior.

"The plan proposed by your committee implies the appointment of sanitary officers in every hamlet, village, town, and city of the country, subordinated to and controlled by county, municipal or state boards of health, and empowered to investigate and discover every preventable cause or form of disease, syphilis included. They further recommend the establishment of special or lock hospitals for the gratuitous treatment of all venereal affections, and in the absence of such hospitals, provision for their treatment without charge and without unnecessary exposure of the victims, by health officials under whose cognizance they have come, since, as Dr. Beardsley has well stated, 'The cost of treatment for venereal lesions has become so heavy, the prices so exorbitant, that thousands are deterred from consulting a physician through fear of being fleeced.'

"Professor Andrews quotes the case of a private-disease doctor, one of a dozen, in Chicago, whose receipts in a single month amounted to two thousand dollars.

"The special hospitals suggested would naturally supplement and not wholly supplement the private charities, dispensaries and special wards in general hospitals for the treatment of such as might be reluctant to enter the former, which, however, it is believed, might by thoroughness and care in treatment not only attract a large proportion of unfortunate sufferers, but ultimately become the means of accomplishing the reformation of many whose misdoings had led them thither to seek relief.

"The plan proposed by the committee of the American Med-

ical Association at Louisville, Ky., in 1877, consisting of Drs. Gross, of Philadelphia, Marion Sims, of New York, N. S. Davis, of Chicago, John Morris, of Baltimore, and J. M. Toner, of Washington, though in the same direction, is less comprehensive than that of your committee. They reported: 'That in their judgment there is no possibility of stamping out syphilis until all the nations of the world are protected by proper legislative measures. Great difficulties unfortunately surround the execution of laws having for their end the prevention of syphilis, and it is impracticable, at the present time, in view of the ignorance and prejudices given to secure more than partial legislation looking to this purpose.'

"We can, therefore, only hope to obtain the passage, at first, of enactments having in view the regulation of persons engaged in the military and naval service of the Government, and also those ordinarily subject to the control and supervision of the police and municipal authorities of cities and large towns, though in the end we are convinced that the extension of this control and supervision to the whole civil population will be the inevitable legislation of all countries. Your committee have contemplated this wider application of the law in the plan they have concluded to submit and which it only remains for them to formulate in the following resolution:

*"Resolved, That the American Public Health Association earnestly recommends the municipal and State boards of health to urge upon the legislative bodies of this country the enactment of a law constituting it a criminal offence to knowingly communicate, directly or indirectly, or to be instrumental in communicating a contagious disease, such as small-pox, scarlet-fever, or the venereal diseases, and giving to the said boards of health, and to the State and municipal health officials under their control, the same power in the prevention, detection, suppression, and gratuitous treatment of venereal affections, which they now possess in the cases of small-pox, or other contagious diseases."*

A very animated discussion followed this report, its suggestions being opposed by Dr. Hunt, of New Jersey, and Dr. Atchison, of Nashville, Tenn., and strongly advocated by Hon. Erastus Brooks, of New York, Dr. A. P. Bell, of New York, Dr. J. P. Duke, of Tennessee, Dr. Wight, of Wisconsin, Dr. Evans, of Yazoo City, and Dr. Gihon. It was adopted, with the omission of the words "municipal and State Boards of Health to urge."

The afternoon session opened with a paper by Colonel George E. Waring, Jr., of Newport, R. I., on "The Storm Water Question in Relation to Sewerage."

He claimed that the prevailing practice was radically wrong.

Sanitary requirements demand a separation absolutely of household and manufacturing waste, from the surface flow. When these are combined the larger sewers, except after heavy rains, are foul with accumulations of organic matter undergoing decomposition, which produces the "sewer gas." The confined air of our large city sewers is rich in this product. Complete ventilation of these sewers is theoretically feasible, but it is practically and substantially impossible. Storm water should be kept in the streets as long as possible, and then received into a special set of pipes or sewers.

PROFESSOR BREWER, of New Haven, Conn., read a paper on "The Action of Muddy Water on Sewage," showing that a slight admixture of sewage matter with river water hastens the deposition of suspended impurities, this effect being probably due to the saline matters contained in sewage.

DR. WALCOT, of Massachusetts, read a paper, prepared by Dr. James Crane, Health Commissioner of Brooklyn, N. Y., on "The Prevention of Certain Contagious Diseases, by Local Boards of Health."

Among the methods suggested were compulsory reports of contagious diseases and isolation (though domestic isolation can rarely be relied upon). The official declaration of a disease as an epidemic should be carefully made and after deliberate consideration.

*Evening Session.*—GOVERNOR LOUIS I. WILTZ delivered a hearty address of welcome to the Association.

MAYOR I. W. PATTEN, of New Orleans, in a neat address, also welcomed the members, and extended to them the hospitalities of the city.

DR. J. P. DAVIDSON, Vice-President of the Louisiana State Medical Association, then greeted the Society, on behalf of that organization.

DR. JOHN S. BILLINGS, President of the American Public Health Association, then delivered an able and interesting address, congratulating the members on the prosperity of the Association, and the growing interest in sanitary matters all over the country.

*Second Day—Morning Session.*—After some general business, the following resolution was reported by the Executive Committee:

"*Resolved*, That the Executive Committee be instructed to communicate with the State and municipal boards of health throughout the country, and supply them with a copy of the report of the committee on prevention of venereal diseases,



and request their co-operation in the attainment of the object of the resolution submitted and adopted by the Association."

This brought up a warm debate again on the subject of the prevention of syphilis, and the resolution finally passed by a vote of 98 to 23.

A resolution, introduced by Major Walthall, of Mobile, appointing a committee to prepare measures for adoption, looking to the education of nurses for future epidemics, as well as for the more efficient management of these outbreaks, was adopted.

A report of the advisory committee on National sanitary legislation, was read by Dr. J. S. Billings, of Washington, detailing the sanitary legislation by Congress during the past year. This was followed by a paper by Dr. G. B. Thornton, of Memphis, Tennessee, on "The Sanitation of Memphis," showing the careful and thorough precautions now being taken to secure the highest possible sanitary condition of that city.

COL. G. E. WARING, of Newport, Rhode Island, by request, explained the new sewer system of Memphis, and the action of the flushing system, in connection therewith. He also showed the utility of the two systems of drainage pipes, one for surface water and one for sewage, which can be made of definite size, and no waste room for generation and accumulation of sewer gas will then be allowed, as now exists in the old storm-water and sewage sewers combined.

A paper on "Storm-water and House-drainage in Sewers," by Col. Moore, of St. Louis, Missouri, was next read, in which numerous arguments were adduced, to show the necessity for separating house-drainage from storm-water, and how the sewage problems were thus simplified. In discussing this paper, Col. Waring held that the matter of expense was the smallest possible matter in connection with good sewerage. He believed the Memphis system, somewhat modified, was applicable to New Orleans.

In the afternoon, Dr. Devron, of New Orleans, read a paper by Col. J. M. Keating, of Memphis, on "The Value of Sanitation from an Economic Standpoint." He showed the money value of population, the robbing effects of epidemics, and other preventable diseases, and compared the beneficial results of sanitation, and exemplified the value of prevention by the already inestimable services of the National Board of Health.

The next paper read was on "The Sanitary Urgency of the Florida Ship Canal," by Professor John Gamgee, of Washington, D. C., in which the writer claimed that the cutting of this

Florida canal would also save New Orleans from being fouled by Cuban yellow fever.

"The Sanitation of Emigrant Ships," by Dr. T. J. Turner, U. S. N., was the next subject presented. The inefficiency of present methods of ventilation of these ships was referred to. He insisted upon dryness and cleanliness of all parts of the vessel; the arrest of rot in ships, and the abolition of the bestial and filthy condition of emigrant vessels of the present day.

Then followed two papers on "Dengue" or "Dandy Fever," one by Dr. D. C. Holliday, of New Orleans, and the other by Dr. J. G. Thomas, of Savannah.

*Wednesday Evening Session.*—The first paper read was by E. M. Hunt, M.D., of Trenton, N. J., entitled "Our Present and Our Needed Knowledge of Epidemics." His paper closed by referring to the various contagiums as follows:

I. Communicable diseases are owing to a contagium which is particulate.

II. That some are acquired only by contact; some by the suspension of the infective particle in air or water; some by changes in the secretions or excretions after they have been some time in contact with the air, the surface, or after voidance from the body.

III. Some contagiums have only an origin external to the body, while others have an origin only within the body.

IV. The development of most of the zymotic diseases is coincident with the presence of specific microzymes.

V. If, as appears, the presence of special forms is diagnostic of certain diseases, they are to be studied specifically as a means of diagnosis, as well as in their special relations to the disease in hand.

VI. Whether any disease which is known to be derived from authenticated cases is in some instances also developed by extraordinary processes within the body, or in its surroundings, can only be made certain by series of definite and classified facts accurately observed and recorded.

VII. Whether new epidemics arise from new combinations of matter incident to modern civilization, or whether there are hybrids in disease as well as in plant life, can only be determined in the same way.

VIII. There is a very hopeful study in preventive art in the direction of finding out whether we may not, by preliminary treatment and a presence in the system of medicaments resistful of such fermentation, and inimical to the development

of these mycrozymes or destructive of them in their changing state, suspend the morbid processes attempted to be instituted, and so prevent developments of disease.

IX. As there is so much difference in the way in which the same contagion affects different persons, or in the choice of persons, we have reason closely to study the bearing of individual conditions on the acquirement and development of contagions, so as to know why some escape attack and others are susceptible.

HON. JOHN EATON, of Washington, Commissioner of Education, addressed the Association on "Sanitation and Education." Woman, he said, must understand and resist those mistakes of marriage which promote disease; she must comprehend the child and its training; she must master domestic economy, and be an educated nurse. Need I add that the proper, or, if you please, ideal union of education and sanitation would not be expected to annihilate either pain, disease, or death, but to reduce them to their minimum? The physician would practice preventive as well as curative medicine. His directions would be more intelligently followed, and his labor more cordially rewarded. The approach of a new or modified disease or great epidemics would be at once known and speedily antagonized by all the resources at the command of the nation, the state, the city, the family, the individual.

DR. ELISHA HARRIS, of New York, then gave the substance or outline of a paper he had prepared entitled "A Medical View of the Domestic Pestilences, with Reference to the Sanitary Warfare against Them." It was replete with clear views and thought.

*Third Day's Session.*—The Executive Committee recommended that the applications of about one hundred new members, which they had examined and passed upon, be accepted. So ordered. The election of officers then occurred.

DR. H. B. BAKER, of Lansing, Michigan, then read a paper on "The Relations of Schools to Diphtheria and Similar Diseases." He discussed his subject under the following departments:

Is diphtheria a filth disease?

The importance of statistical evidence.

Periodical rise and decline of diphtheria in a series of years.

How diphtheria may be spread in schools; and lastly,

The mode of sanitary inspection in Lynn, Massachusetts.

The following papers were also presented and read:

"The Management of Contagious and Infectious Diseases



in Milwaukee." By Dr. O. W. Wight, of Milwaukee, Wisconsin.

"Municipal Sanitation, as Practiced in Mobile, for Preventing the Spread of Yellow Fever." By Dr. T. S. Scales, of Mobile, Alabama.

"The Results of Attempting to Check the Spread of Small-pox in Chicago." By Dr. O. C. De Wolff, of Chicago.

DR. C. C. HOLLIDAY read the report of the New Orleans Medical and Surgical Association on propositions submitted by the Executive Committee: "Questions Relating to Prevention of the Spread of Diphtheria, Scarlet Fever, Yellow Fever, Measles, Small-pox," etc. After which, by permission of the Association, Dr. A. N. Bell, of New York, read a paper on "The Relations of Certain Filth Diseases to Cold Weather." From evidence collected he infers that pneumonia is a systemic disease, with its chief local manifestations in the lungs; that filth is its chief factor and primary cause, and that the influence of a cold dry air is secondary in promoting active lung diseases.

Dr. J. P. DAKE, of Nashville, said in reference to the constitution of boards of health, that they should be representatives of the community served; every board should have within itself lay representation. The physician views the field from a medical standpoint; he might be too zealous in the discharge of his duties. He urged a law to be passed in his State whereby others than physicians could be appointed on the State Board of Health. It was done. The lay members then placed upon the board were the most untiring in the performance of the duties devolving upon them.

Dr. BAKER spoke to Dr. Bell's paper on "The Relation of Filth to Pneumonia." He would like to see Dr. Bell offer more evidence. It was something new to him and perhaps to many others.

Dr. GEORGE W. FOOTE, of Illinois.—He had made a study of diphtheria and its origin. Filth, in his experience, did not cause it. He attributed it to the water partaken of by those afflicted with the disease; not water drained into wells from cesspools and privy-vaults, but water drawn from vaults at great distances from such; the purest-looking and most sparkling water imaginable to the naked eye was found to be swarming with animalculæ; children drinking water from such wells would contract the disease; others in the same families, using more tea and coffee, would often escape. Wherever he found diphtheria existing he traced it to the water drunk.

DR. MILES, of Ohio.—The school board of Cincinnati did not permit any children to attend school who had not been previously vaccinated. The health officers gratuitously vaccinate all who are too poor to pay. We now rarely have a death from contagious maladies. The State has no law on its statute-books in reference to these matters, but these regulations are enforced by a sort of moral law. The water in cisterns was found to be more filthy than that which passed through sewers into the Ohio River.

No further business being in order, recess was ordered until 3 P.M.

*Afternoon Session.*—The first paper presented was the address of J. H. Pope, M.D., on "The Sanitary Condition of the Mexican Population of Western Texas, and its Relation to Public Health." It was read by title and referred. Also, one by Dr. Atchison, of Nashville, on "The Disposal of our Dead." Adjourned to 7.30 P.M.

*Evening Session.*—The evening's proceedings were opened by Dr. Edward W. Janes, of New York, who read a paper prepared by Mr. James Gallatin, President of the Sanitary Reform Society of New York, on "Tenement-house Reform in the City of New York."

PROFESSOR S. E. CHAILLE was introduced, and presented an able and argumentative paper on "Consideration of the Objections Urged by some Evolutionists against Sanitary Laws, Boards of Health, and the Stamping-out of certain Epidemic Diseases."

HON. ERASTUS BROOKS, of New York, read a paper entitled, "What the State Owes the People. Public Health is Public Wealth."

Mr. Brooks treated his subject in a masterly manner, and five hundred copies of the address were ordered to be printed in pamphlet form and distributed among the Governors of States, together with a communication, respectfully asking them to consider the propriety of calling the attention of the legislative bodies in their States to the importance of action in the directions indicated in the paper.

*Fourth day's Session.*—President Billings in the chair. The attendance was the largest of the session.

DR. J. D. BRUNS read a paper on "The Fevers of the Lower Coast," which paper occupied fully one hour in reading, and embodied an argument to show that there was an error by Dr. Sternberg, of the National Board of Health, in his diagnosis of the disease, and that the cases reported by Dr. Sternberg were not yellow fever at all, but simply what is called "rice

fever." He claimed that the non-use of the thermometer in the cases, and no post-mortem being made, a very loose system of observation was used. An animated discussion followed the reading of his paper, the opinion being that the subject-matter of the paper was entirely irrelevant to the object of this Association.

DR. STERNBERG briefly replied to Dr. Bruns's paper, stating that he would not attempt to answer all Dr. Bruns's statements, unprepared as he was for such an attack.

DR. J. P. DAKE said: Dr. Bruns's paper was very inappropriate. This Association is not the place for the wranglings of boards of health. The paper has taken up the time of this society for one hour. It has arraigned a member of this Association on very serious charges. Dr. Sternberg has the right, when we meet next year, to occupy the time of this Association to defend himself. This is not the place to settle the differences of opinion which have arisen.

After further discussion, Dr. B. F. Gibbs, Medical Inspector United States Navy, read "A New Method of Experimental Investigation into the Cause of Yellow Fever upon the Basis of Similar Densities."

The papers to have been read at 4 o'clock on Friday evening were read by title and referred to the Publication Committee, as follows: "History of Camp Joe Williams in 1878," by Dr. J. W. Hall, of Memphis. "Report on Yellow Fever in Key West, Florida, in 1880," by Dr. F. W. Lester.

Dr. C. B. WHITE, the President elect, was introduced to the Association by Dr. Billings. Dr. White, in a short speech, returned thanks for the honor conferred.

After several resolutions of thanks to the various entertaining and official persons and corporations, the President announced that the Association stood adjourned to meet in Savannah, in November, 1881.

The following officers were elected on the third day of the session:

*President*—Dr. Charles B. White, New Orleans, La.

*First Vice-President*—Professor R. C. Kedzie, Lansing, Mich.

*Second Vice-President*—Professor Henry F. Campbell, Augusta, Ga.

*Secretary*—Dr. Azel Ames, Jr., Wakefield, Mass.

*Treasurer*—Dr. J. Berrien Lindsley, Nashville, Tenn.

*Members of the Executive Committee*—Dr. D. C. Holliday, New Orleans, La.; Dr. E. M. Hunt, Metuchen, N. J.; Dr. George M. Sternberg, U. S. Army; Dr. E. L. Griffin, Fond



du Lac, Wis.; Dr. J. G. Thomas, Savannah, Ga.; Dr. Thomas F. Wood, Wilmington, N. C.

### AN EXPLANATION.

BY C. WESSELHÖFT, M.D., BOSTON, MASS.

IN an article in the December HAHNEMANNIAN, signed J. C. M., it is said "that it is not in the mathematics of the microscope, as *now* conditioned, to settle the potency question, nor to decide anything in regard to the divisibility of matter;" and further, that "even Professor C. Wesselhœft, with his present light, may be reasonably expected to admit the same."

It seems to be the opinion of many that I entertain views entirely opposed to the above statement, or that I have declared the contrary to be the case. It will be of the greatest satisfaction to me to have all understand that I always have and do still fully concur in the opinion that the microscope cannot settle the potency question, nor determine the ultimate divisibility of matter. I have never asserted or even intimated any other opinion, for such an assertion would be extremely absurd.

What I assert is that the microscope, though it cannot decide as to the ultimate divisibility of matter in general, very essentially aids us in determining the question as to the ultimate mechanical divisibility of hard, insoluble substances; for the simple reason that the minutest particles thus obtained, either by Professor Smith or myself, fall far *below* the capacity of the microscope.

On the other hand, the subject of soluble substances, where we deal with the ultimate molecules of matter, is not a subject of microscopic research, and never can be. This I have endeavored to explain in a treatise especially devoted to the subject, in the recent volume of the *Transactions of the American Institute of Homœopathy* of 1879. Had this been published earlier, much misapprehension regarding my views would have been avoided. I will add here that, owing to no fault of the present editors, the title of said treatise was slightly varied from the original intention. It should read: "*On the Attenuation of Soluble Substances in Relation to the Molecular Constitution of Matter.*" These observations are based on the demonstrations of Sir William Thompson, J. Clerk Maxwell, and others, and these again on the calculations of Professor Clausius of Born. These, together with the more recent but very conclusive demonstrations of Mr. William Crookes on Radiant matter, clearly define the limit to which matter may be expanded,

rarefied, or potentized. Far from showing that it is infinite, its finite nature is made quite obvious.

There are about fifteen thousand trillions of ultimate molecules in a drop of fluid ; but supposing, with Mr. Crookes, we were dealing with a quadrillion, it would take thirty-five thousand and fifty-eight cubic miles of menstruum to produce the twelfth centesimal attenuation or potency, with which matter comes to an end. This is one reason why the microscope is out of the question, and why no one, to my knowledge, ever hinted at its application to such a test. If the indulgent reader will turn to the tests of exact physical science in relation to the molecular constitution of matter, to which I have endeavored to draw attention, he will find conclusions there which cannot be hastily thrown aside. He will see that they do not deal in coarse materialism. I am convinced that as they are now universally recognized as containing much weighty evidence, they will, in time, help to determine the potency question.

In speaking of the *Transactions* of the Institute, I would remind the readers of this journal that the haste with which those volumes were published after so long a delay, gave rise to numerous typographical errors, which often destroy the sense intended. I purpose shortly to publish a list of errors, so that each may correct for himself.

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#### HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE stated meeting of the society was held in the Hall of the Hahnemann Medical College, on Thursday evening, January 13th, 1881. Dr. E. A. Farrington, the President, in the chair.

As proposed at the December meeting the following section, by unanimous vote, was added to Article IV of the by-laws :

SECTION IV. No member shall be eligible to office who has not been a member for at least one year, and paid at least one full annual fee.

The Committee on the Hering Memorial Meeting made a partial report, which led to some discussion. Members freely expressed the opinion that the meeting held October 10th was badly managed, and that some steps should be taken to set the Philadelphia homœopathic physicians right before the world. No final disposition of the subject was made, and the committee, Drs. J. C. Morgan, R. J. McClatchey, and W. H. Bigler, were continued, with the addition of Drs. E. A. Farrington and W. B. Trites.

Drs. Eduardo Fornias and Levi J. Knerr were proposed for membership. Referred.

The Secretary stated that Mr. Campbell, who is compiling the *Physicians' Protective Register*, had sent him a list of the qualified homœopathic physicians of Philadelphia for revision by the society. Referred to the Standing Committee on Organization, etc., Dr. J. K. Lee, chairman, with power to act for the society.

The Bureau of Materia Medica, Pharmacy, and Provings, Dr. H. N. Martin, chairman, then submitted the annual report. The following papers were read, accepted, and referred for publication:

a. Materia Medica Notes, by Clarence Bartlett, M.D.

b. Amorphous Phosphorus: Introductory, by B. B. Gumpert, M.D.; Provings, by H. N. Martin, M.D.

The following discussion ensued:

DR. MOHR.—The provings reported by Dr. Martin corroborate in a remarkable degree the provings of the drug which we have been giving as Phosphorus, which Dr. Gumpert says is an unstable preparation. It proves that what we have been using is Phosphorus. I do not see the necessity of prescribing amorphous phosphorus for symptoms recorded under the pathogenesis of our old Phosphorus. The liability to change by oxidation is the same with Phosphorus while being proved, as with Phosphorus when employed clinically.

DR. MARTIN.—One of the principles of the homœopathic physician is to give his medicines in as pure a form as possible, and in the smallest doses that will cure. Now it is true that Phosphorus is often combined with Phosphorous acid, Sulphur, Potash, Arsenic, etc. When I use Phosphorus or Arsenic I want to use them pure.

DR. MORGAN.—Dr. Martin objects to giving sulphur, potash, arsenic, etc., in the name of phosphorus. Now we know how very tenacious one substance is to another. How much impurity is attached to amorphous phosphorus by reason of the materials used in purifying it? Dr. Gumpert relates that the preparation was washed with caustic potash. How much potash does it contain? He states that it was washed with nitric acid. There is a further probability of its mixture with nitrate of potash and nitric acid. More might have been done to purify it. It might have been put under the receiver of an air-pump, and so any particles in the interstices could have been withdrawn. That it is pure I cannot believe. Suppose phosphorus is not pure. We do not go by the purity of the drug; we go by the provings. An impure drug if thoroughly



proved remains as a drug, valuable according to the symptoms it produces. Hence the importance of using the same preparation for clinical purposes as in the provings. I want to call attention to this matter of practical medicine. One of the symptoms produced by the drug was increased quantity of urine with sp. gr. of 1040. The urine ought to have been tested for sugar. The symptoms of the hepatic region recall to us parenchymatous hepatitis and acute yellow atrophy.

DR. MARTIN.—I requested that the urine be examined for sugar, but for some reason it was neglected. Let me say in reply to Dr. Morgan, that when we get symptoms from Fowler's solution we ought not to give arsenic to cure similar symptoms; when we get symptoms from poisoning by matches, they should not be incorporated with symptoms of phosphorus, and then phosphorus, phosphorous acid and what not, be given to cure those symptoms in the sick. If we are to have symptoms from matches let us potentize matches. In regard to the purity of amorphous phosphorus, Dr. Gumpert examined it carefully and found it contained no impurities.

DR. GUMPERT.—Years ago I prepared some ordinary phosphorus. An hour afterwards it contained phosphorous acid. At that time the discovery of amorphous phosphorus was being made. I obtained some and purified it. Dr. Walter Williamson used to say that many of the symptoms of the phosphorus provings were those of arsenic. In regard to what Dr. Morgan says, the pure water will dissolve out the acids and alkalis. Amorphous phosphorus is stable, and I believe it can be made and kept pure.

DR. MORGAN.—That amorphous phosphorus is pure we shall never realize. In regard to the attenuations upon milk sugar or globules being preserved without the formation of acid, we may compare it with preparations of iron. If any druggist wishes to preserve a protoxide or a protiodide of iron he adds a hydrocarbon and that hydrocarbon is usually sugar. The metal is thus preserved from oxidation. May we not expect to preserve phosphorus in the same way?

DR. GUMPERT.—The sugar forms a coating on no part of the phosphorus. When you drop the attenuation on the sugar, it is exposed to the air and, of course, oxidized.

Owing to the lateness of the hour the discussion closed, and T. C. Dunning, M.D., was appointed chairman of the Bureau of *Materia Medica*, etc., for the coming year.

The Bureau of Clinical Medicine, A. Korndorfer, M.D., chairman, will report February 10th, 1881. The principal topic for discussion will be the treatment of Pneumonia.

THE  
H A H N E M A N N I A N  
MONTHLY.

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MEDICINE AND SURGERY.

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
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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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Editorial.

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MAKE HASTE SLOWLY.—A too prevalent fault in the medical profession is carelessness and haste in diagnosis and therapeutics. No physician can honestly claim that he is and always has been entirely free from it. True there are mitigating circumstances, such as overwork, ignorance, or an unfortunate deficiency in mental capacity, but by far the greatest number of cases may be traced to a superficial and hurried method of practice, engendered by such familiarity with suffering that the physician fails to give symptoms their due weight. How often have we been astonished, when fortune threw into our hands the management of a case which a well-known and perhaps able colleague had, through carelessness, failed to correctly diagnose. We wish we could add that the reverse of this had never happened!

The remedy for this all but but universal evil, is to be found only in the strictest self-discipline. We should endeavor to give each case, however insignificant it may seem, its due attention. It is far better to postpone an examination, or even to refuse it altogether, rather than risk our peace of mind and reputation by carelessness and neglect.

We remember a physician who was in the habit of informing such patients as came after office hours that, if they wish his best attention, they must call when he can give them more time. And we think his custom honest and prudent, both in relation to the patient and to himself as a responsible physician.

There is, however, a serious obstacle to the carrying out of this as well as other medical reforms. We refer to the wolves in sheep's clothing who infest the profession, and who are always on the alert to gain any advantage they can, no matter at whose expense. Not only will they struggle to possess themselves of such patients as feel offended because they are requested to call again, but they will also make what capital they can off of their colleague's mistakes in practice.

Still, physicians who regard their duty as paramount to mere money-making will disregard these smooth-tongued hypocrites, and work for the welfare of their fellow-man. And to such there may be a world of good advice in the old saying, "*Festina lente*—Make haste slowly."

ADULTERATION OF FOOD AND MEDICINES.—The National Board of Trade has memorialized Congress for the passage of a bill to prohibit and punish the adulteration of food and drugs, or the importation and exportation of adulterated food and medicines. The proposed act is carefully prepared, and its indorsement by the National Board of Trade is sufficient evidence that it is so framed as to interfere in the least possible degree with the transactions of commerce. So far as we are competent to form an opinion, it seems to be as just as it is necessary. The adulteration of food or of medicine is a crime against which the people ought to be effectually protected. And calling equally for prohibition is the too common practice of branding goods in such a manner as to deceive the consumer in regard to their real quality. As an illustration of this practice, we know of a manufacturing firm having several grades of a single article, viz., "extra," "double extra," "superfine," and possibly others, but no purchaser, unacquainted with the "trick of the trade," gets what he wants of that particular article unless he asks for the "chemically pure." Many purchase the "superfine" under the delusion that they are getting the best that is obtainable. These modes of defrauding people are so common that any attempt to suppress them will doubtless receive general support.

CORRECTION.—Mr. A. J. Tafel wishes us to correct a mistake which he inadvertently made in his speech at the banquet



given in December to Dr. T. F. Allen, as printed on page 49 of the January *HAHNEMANNIAN*. In connection with the translation of Hahnemann's *Materia Medica Pura*, Dr. Dudgeon's name should be substituted for Dr. Drysdale's.

DR. WESSELHOEFT's article, in the present number, should properly have appeared a month ago, but was not received until we had gone to press.

## Notes and Comments.

It is but a step from the firmness of principle to the obstinacy of prejudice.

THE late Dr. A. O. H. Hardenstein enjoyed in his youth the personal friendship of Humboldt.

THE NEW YORK MEDICAL REGISTRATION LAW, says the *Homœopathic Expositor*, does not discriminate against the colleges of other States, except in the case of non-residents, and the student who leaves New York State to study in a distant college does not thereby forfeit his residence.

BURN THEM.—Four hundred fraudulent diplomas have been discovered and refused by the Illinois State Board of Health. They were "from Philadelphia and other cities." Why "refused" merely? They should have been either destroyed, or else stamped as "counterfeit," just as a fraudulent greenback would be, if presented at a bank.

MAKING THINGS EVEN.—A Spanish parish priest, the Curé of Scudoni, has announced from his pulpit that any sick parishioner of his availing himself of homœopathic remedies will, in the event of death, be refused the rites of the Church.—*Exc.* In other words, those who will not take "mass" in this life shall not have it in the next. Doubtless the holy man makes this post-mortem discrimination in favor of allopaths, because they have their purg(e)atory on earth. We commend this new mode of refuting homœopathy to the attention of the American Medical Association. It beats their method all hollow.

DR. HAMMOND lectures and experiments in mesmerism before gentle medical students. Terms it hypnotism, but this word being too simple, suggests it be called "suggignoskism," as more worthy of the mystery, and less liable to come within the comprehension of unprofessional and unscientific persons. Because science ought to be made difficult. Runs needles in flesh of hypnotized or suggignoskismized subjects and otherwise tortures them for instruction of the class, to whom this is all as new and wonderful as though it had not been known and practiced when Dr. Hammond was crying for molasses candy.—*Graphic*.

"CROWNER'S QUEST LAW."—Coroner Janney, of Philadelphia (who, by the way, is an M.D.), recently held an inquest upon a child that had died of pneumonia. It is stated that the case had been prescribed for by a dispensary physician, without his having seen it. "The Coroner," says the Philadelphia *Bulletin*, "stated that the practice of physicians in prescribing for patients without having seen them called for severe censure, and the jury, after returning a proper verdict, inflicted their censure" upon the offending physician. We know not which to admire most; the sublime wisdom of a coroner who can "prescribe" the duties of all the members of the medical profession "without having seen them," or the sublimer indifference to an oath, exhibited by a jury who base a part of their verdict not upon sworn expert testimony, but upon the gratuitous statement of a coroner.

## New Publications.

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A PRACTICAL TREATISE ON NASAL CATARRH. By Beverley Robinson, A.M., M.D. (Paris). New York: William Wood & Co., 1880.

This treatise is a work of 182 pages, containing 56 illustrations.

The object of the author is tersely set forth in his preface, where he writes: "Having seen and treated a large number of cases of acute and chronic nasal catarrh, and believing, as I do, that in many particulars a more accurate knowledge of these diseases is desirable amongst those who have had fewer opportunities of clinical investigation, I have written this work to supply in part a deficiency."

The book is divided into nineteen chapters. The third chapter gives a very fair account of the anatomy and physiology of the nasal cavities. We are pleased to see due attention given to the recent discovery of erectile tissue over the inferior turbinated bones, and to its importance in coryza and epistaxis.

The fourth and fifth chapters describe various instruments required in the diagnosis and local treatment of affections of the nasal cavity. These chapters are well illustrated.

Under prophylaxis the author gives excellent advice as to the prevention of these alarmingly prevalent catarrhs. Quite properly, he considers that the protection of the feet is an all-essential requisite to successful treatment. All mufflers around the throat are to be discarded, since, and we fully indorse this advice, "they never prevent colds and only render the probability of contracting them much greater."

Acute coryza, its pathology, symptoms, duration and treatment, occupies nearly twenty pages, and the chronic form as many more. So far as the treatment is concerned we are at variance with the author. Viewed from his school it may appear right enough; but we cannot sanction his numerous compounded formulæ. So simple a complaint as a coryza surely does not need a commixing into one dose of Ammonia and Morphia, or Belladonna and Morphia, or, still worse, of Potass. citrate, Ipecac., tincture Opii camph., and syrup of Acacia. One of his own school, whom he quotes, Dr. Phillips, certainly teaches him better when he says: "A few drops of the tincture of *Euphrasia officinalis*, taken at the beginning of an attack and repeated every two or three hours, will often abate the coryza."

To the management of chronic coryza, the same objections apply. But here more attention is paid to local treatment, especially by the inhalation of drugs. We believe that old catarrhs are materially aided by the cleansing effects of spraying, but we do not believe in the atomizing of mixtures whose combined effect has not been predetermined by provings.

The remaining eighty pages are devoted to an able description of hypertrophy of the turbinated bones and follicular disease of the naso-pharyngeal space, more commonly known as post-nasal catarrh.

So common are these affections that the practitioner should acquaint himself with their pathology and symptoms, as well as with means for their prevention and cure. The work before us is well adapted for such a purpose, excepting only the advised treatment, and this may be profitably superseded by the more rational therapeutics of a school which is based upon a universal and immutable law of nature. F.

A TREATISE ON THE MEDICAL AND SURGICAL DISEASES OF WOMEN, WITH THEIR HOMŒOPATHIC TREATMENT. Fully Illustrated. By Moulton Monroe Eaton, M.D., Cincinnati, Ohio. Bericke & Tafel, New York and Philadelphia, 1880. 8vo., pp. 782.

Opposite the title-page of this work we are shown the female skeleton, draped with the perfect form of the well-developed woman, and exhibiting at a glance the local relation of the pelvic bones with the outline of the soft parts. Of the next "illustration" we cannot speak so favorably as we could have desired. It represents "a front view of the uterine organs in their normal position." The symphysis pubis has been cut away, and the anterior vaginal wall and bladder removed, allowing a view of the rectal half of the vaginal canal, the uterus, and its appendages. The vagina is represented too long, reaching up into the false pelvis. The cervix projects forward instead of backward, and the shading makes the body of the uterus seem to be in a position which has never before been described as normal. It looks like a retroversion, with anteflexion of the upper part of the fundus. Plate II—"a side view of the female pelvic organs in their natural position"—shows a uterine cavity large enough to receive a good-sized fist without exciting expulsive pains. Turning rapidly to other illustrated pages we find this important organ similarly misrepresented, conveying to the student a wrong conception of the subjects they are designed to illustrate and elucidate (see Plates XIX, XX, and XXII to XXVII inclusive). A large proportion of the illustrations, even those of surgical apparatus, are printed upon insets, thus rendering the volume as bulky as Emmet's, which contains 160 pages more. And this is a characteristic feature of the book: the illustrations are abundant, too abundant we think, many of them being unnecessary and many of them duplicated. For instance, a full-sized cut of the sphygmograph is given, for what purpose we do not know, and Flemming & Talbot's Batteries are represented three times. Four double-columned pages are devoted to an index of these "illustrations." The paper, binding, and typography are all that can be desired, the work being in these respects far superior to Emmet's, and fully equal to that of Thomas.

These are "first impressions" of the work, and we naturally turn to the preface for a knowledge of the causes which have led to its conception and birth. Here we learn that our colleges have been under the necessity of recommending allopathic works, thereby seeming to give a certain sanction to the treatment recommended in those works, and causing the use, by otherwise good homœopathic physicians, of caustics, scarifications, etc., "to become so common as to bring the blush of shame to the cheek of a true homœopath." Also, that homœopathists should have complete text-



books (of their own) on all branches of medical education. These reasons every homœopathic physician will appreciate.

The first chapter recites the causes of the prevalence of uterine disorders—luxury and indolence, too fine food, tight lacing, want of oxygen, and that great curse of American womanhood, the means used to prevent pregnancy and produce abortion. In Chapter II, on general diagnosis, the author thinks there should be no hesitation in the examination of virgins per vaginam, if the urgency of the case require it. He omits to mention, in this connection, the detection and reduction of certain displacements through the rectal canal alone.

"Where the fear of pregnancy seems to be the cause of amenorrhœa" the author recommends "blanks of sugar of milk," with an assurance of their efficacy as an efficient remedy, "if the patient has confidence in her physician, and pregnancy does not exist." Such a course exposes the prescriber to the suspicion of being an abortionist. "If the patient has confidence in her physician," his mere "assurance" ought to act as well without the blanks as with them. Among the remedies mentioned for amenorrhœa we find "mustard sinapisms to the small of the back and over the hypogastric region." Farther on we notice that "*Secale cor.*, in twenty-drop doses of the fluid extract, every twenty minutes, till three or four doses have been taken," is recommended for metrorrhagia following "after confinement or abortion, with a relaxed condition of the uterus and uterine vessels." These methods may be successful enough, but some will insist that they are not purely homœopathic.

The division of inflammations into acute, subacute, chronic-acute, and chronic-subacute, seems to be open to criticism, as calculated to confuse the student rather than to aid him.

The chapter on areolar hyperplasia, or chronic metritis, is full and complete. The treatment includes absolute rest during menstruation, and comparative rest during the intervals, not, however, of such a character as to exclude free enjoyment of the open air. The use of the skirt-supporter and abdominal bandage are both enjoined, for the purpose of relieving the uterus of all undue pressure. The homœopathic remedies, in the order of frequency of employment, are *Ars. iod.*, *Merc. iod.*, *Phytolacca*, *Ferr.*, *Merc. corr.*, *Kali iod.*, *Nux. Ars.*, *Secale*, *Ign.*, etc. Local treatment with hot water vaginal injections and Iodine are considered necessary.

Displacements do not always need to be at once reduced. The tenderness and inflammation should be first treated with the appropriate homœopathic remedy. Scarifications of the cervix, blisters, etc., are denounced, and sponge tents covered with Glycerin are recommended to dilate the cervix to admit the application of Iodine and compress the tissues to impede capillary circulation.

The author claims that inflammation of the ovary is quite common, disagreeing in this respect with others, and particularly with Emmet, who says that he has never seen a case of ovaritis without inflammation of the neighboring tissues, and has always detected the cellulitis before the ovary became

inflamed when he had the opportunity of an early examination. This cellulitis is so frequently mistaken for ovaritis that the attention of physicians should be constantly called to the real facts of the matter. When Dr. Eaton says (page 269) that "the burning, deepseated pains in the pelvis or in the iliac regions should lead us to suspect chronic ovaritis," he had better have said *chronic peritonitis*, a disease much more common, and one comparable to a smouldering fire, which needs but a slight cause, even a hurried, rough examination, to fan into a disastrous flame. Emmet uttered a grand truth when he said, "A great advance will be made in the treatment of women when practitioners become impressed with the significance of pelvic inflammation. The successful operator will be he who is always on the lookout for its existence, or taking measures to guard against its occurrence."

The chapter on ovarian tumors is practical, and as complete as the limits of the work will allow. The author insists that enlargements of the ovaries do diminish, and sometimes disappear, from the use of remedies. He advocates the use of Iodine injections in preference to ovariectomy. He reports that, of 311 cases thus treated by different gynecologists in America, Germany, France, and England, 197 cases—about 63 per cent.—were cured, these including both favorable and unfavorable cases. "Harm seems to have resulted in but six cases." These results he considers "sufficient to justify a strong sentiment in favor of this method," particularly "in all cases which are clearly monocystic," and this notwithstanding the disadvantages resulting from unsuccessful attempts in case ovariectomy should afterwards be found necessary. In this also he disagrees with most modern gynecologists.

Uterine inversion has been carefully considered. The author recommends the use of a smooth round piece of hard rubber, an inch in diameter and fifteen inches long, to be inserted into the cervix, to carry up the fundus until it jumps away from the pressure and is completely reinstated. This is to be used after White's Repositor has first brought about as great an amount of reduction as is possible with that instrument. The suggestion impresses us as being an excellent one. Special mention is made of backward displacements complicating pregnancy, and sometimes causing abortion. This portion of the work is worthy of the most careful perusal, the directions for replacement being detailed and complete. Under antelexions of the uterus we find no mention of antelexions of the cervix, with the fundus remaining in the normal position,—a form of displacement frequently met with, and requiring a different method of treatment from that necessary in antelexions of the body of the organ.

Dr. Eaton evidently disagrees with most, perhaps all, of our best authorities respecting the influence of perineal lacerations upon prolapsus and procidentia. He says (page 608):

"The uterus in its natural position is about four inches above the perinæum, at the top of the vaginal cavity; the vaginal walls are loose and flabby, distensible with the slightest force. If the vaginal walls stood up like pieces of pasteboard, and rested upon the perinæum, the taking away of

their support might allow of the prolapse of whatever rested upon them; but such is not their nature. The *vagina* is retained in place by means of its attachment to the cervix uteri above, and to the cellular tissue on its sides, which cellular tissue is attached to the rectum, bladder and walls of the pelvis. Separate it from the attachments I have named, and it will drop down at once to the vaginal outlet (when the subject is placed erect). . . . We think the uterus is sustained mainly by the folds of peritonæum constituting the broad ligaments, the cellular tissue surrounding it and the vagina, and by atmospheric pressure coming in through the vagina. . . . I have seen hundreds of cases where there was subinvolution of the uterus which had been present for years. . . . These cases showed an enlargement of the uterus to the extent of measuring from three and a half to four inches in the uterine cavity, as indicated by the uterine sound. Why did they not have prolapse? They have weight enough in the uterus and often a lacerated perinæum. I am sure they did not have prolapse because their intestinal supports were firm and normal, and the broad ligaments were not relaxed, the cellular tissue around the vagina was normal, and the uterus had no superincumbent unnatural weight to support."

Our author goes on to discuss the causes which operate during gestation and parturition to effect those changes necessary to allow of prolapse and procidentia, viz., the weakening and stretching of the intestinal attachments by the upward extension of the gravid uterus, the relaxation of the broad ligaments, from the same cause, the intense expulsive pains, usual in those cases where lacerations occur, displacing all the abdominal viscera downward, and the general atonic condition incident to an exhausting labor. As confirming his own views, he quotes Dr. Emmet, where he says: "In early life, even with extensive lacerations of the perinæum, the formation of procidentia is not the rule, unless the woman is exposed to risk by accidents, or from the character of her occupation;" thus supporting, Dr. Eaton thinks, the view that "laceration of the perinæum is not the principal cause of procidentia."

The operation for complete laceration, illustrated on page 635, will not result in a restoration of the sphincter ani. The lower suture should be introduced at a point much nearer the coccyx, almost on a level with the posterior border of the anus, to be brought up and through the ends of the sphincter muscle, which is here retracted into the tissues from the laceration.

The assertion that "gonorrhœa may develop from a cold, causing inflammation in the vagina and urethra, followed by a discharge of matter which will produce the disease in the male," or from "excessive coitus, want of cleanliness, etc.," or from "excessive acidity of the vaginal secretions," will not be universally accepted. Medical men will continue to "have their doubts"—spite of the opinions of Diday, Fournier, Bumstead *et al.*

Several chapters follow which we have not space to notice, and the work closes with an index, in which we find included almost every subject connected with the diseases peculiar to women, and referring to a more or less extensive consideration of the subject in the body of the work.

The book is not a mere compilation. It is a bold exposition of the author's own views. The writer is entitled to the thanks of the professional



reader for the faithful manner in which he has presented the results of his experience in the treatment of this class of diseases. Those who are obliged to recommend a textbook to students, however, will wish that the lines between the homœopathic and non-homœopathic treatment suggested, were sharper and broader, lest even the contents of the book itself might "bring a blush of shame to the face of the true homœopath." \* \* \*

ON THE BILE, JAUNDICE, AND BILIOUS DISEASES. By J. Wickham Legg, F.R.C.P., London, Assistant Physician to St. Bartholomew's Hospital, and Lecturer on Pathological Anatomy in the Medical School. New York. D. Appleton & Co., octavo, pp. xvi, 720.

In this voluminous work, the author, with commendable bravery, has undertaken a task beset with almost innumerable difficulties; one, too, that but for the good sense and wise appreciation of most of his professional brethren, would not add much to the author's reputation. There is so little of positive knowledge, so much of theory and speculation, and such an abundance and diversity of opinions respecting the subject, that no writer, however learned, can hope to satisfy all readers, especially if he happen to possess any decided views of his own.

The chemistry of the bile and its constituents is carefully and thoroughly considered in the first four chapters. Equally thorough is the author's treatment of the physiology of the liver and the functions of the bile, the latest observations of the numerous investigators being so presented as to exhibit "the present state of science" as relating to this department. The action of drugs upon the secretion is considered in a chapter which ought to interest students of *Materia Medica* in general.

In the chapters on jaundice, Dr. Legg arranges all the prevailing doctrines under three heads: 1. A theory which attributes the symptoms of jaundice to changes in the blood and its coloring-matter, thence called hæmatogenous jaundice. 2. A theory which makes the bile to be merely separated by the liver from existing elements in the blood, and not truly secreted by the liver. 3. A theory which attributes the phenomena of jaundice to the absorption into the mass of the blood of bile already formed.

The history of the first of these theories he traces from Aretæus, with whom it seems to have originated, down to the present time, summing up the facts presented, with the opinion that "until it has been shown that bile pigment has its source in the blood-corpuscles it will be the duty of the practical physician to reject the doctrine of hæmatogenous jaundice." The second theory, that of "jaundice by suppression," he rejects *in toto*, as opposed to the well-established principles of physiology, agreeing thus with a view, which in medical minds is wellnigh universal. The third theory,—that of jaundice from absorption,—he regards as the only well-founded doctrine now held. The various methods by which this can be brought about, and the most prominent opinions bearing thereon, are discussed at length, together with the symptoms, complications, and morbid anatomy of the disease. There are chapters on epidemic jaundice, treatment, prognosis,

etc. Acute yellow atrophy comes in for a large share of attention, and is very thoroughly considered. Interesting chapters are presented upon the subject of the hepatic derangements caused by various drugs, particularly Phosphorus, Arsenic, Antimony, etc.; also upon yellow fever, syphilitic jaundice, icterus neonatorum, with a chapter on "bilious diseases, with an extensive bibliography of icterus epidemius, acute yellow atrophy, and congenital defect of the gall-ducts, and a most thorough and convenient index of thirty-seven double-columned pages."

The work exhibits in every chapter a vast amount of research, and a most careful and unprejudiced analysis of the vast multitude of facts presented. It is a most valuable addition to the literature of the subject upon which it treats, and should be found in every physician's library. D.

**PHOTOGRAPHIC ILLUSTRATIONS OF CUTANEOUS SYPHILIS.** By George Henry Fox, A.M., M.D., Clinical Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases, etc. Forty-eight plates from life, colored by hand. Complete in twelve numbers. E. B. Treat, No. 757 Broadway, New York.

We have received Nos. 1 to 3 inclusive of this valuable work. Those who are fortunately in possession of Fox's Photographic Illustrations of Skin Diseases, to which the present work is a companion, will be prepared to expect much from this later publication, and they will not be disappointed. The illustrations are full-sized and life-like, presenting the appearances of syphilitic eruptive diseases in a manner to aid even the most inexperienced in arriving at a correct diagnosis of their nature and varieties. The work should command a wide circulation. D.

**CUTANEOUS AND VENEREAL MEMORANDA.** By Henry G. Piffard, A.M., M.D., and George Henry Fox, A.M., M.D. Second edition, New York. William Wood & Co.

This is a handy little pocket volume designed especially for students' use. It treats of the various forms of skin and venereal diseases, their etiology, diagnosis, prognosis, and (allopathic) treatment. D.

**HOW PERSONS AFFECTED WITH BRIGHT'S DISEASE OUGHT TO LIVE.** By Joseph F. Edwards, M.D. Published by Presley Blakiston, Philadelphia.

The prevalence and fatality of Bright's Disease, the insidiousness of onset, and the general ignorance concerning its dietetic management, induced Dr. Edwards to prepare this book. His explanations of the disease, or of the diseases, are given in a familiar style, the better to reach the non-professional reader. With nearly all that he says we fully agree. We deem him too severe in his strictures on alcohol and tobacco, and we most emphatically object to a daily bath. Such frequency is too weakening. Neither can we agree in calling a sponge-bath "a filthy abomination." Laymen and physicians alike will do well to procure this little book and profit by its instruction. F.

## Gleanings.

**BRIGHT'S DISEASE**, at least in a chronic form, left untreated, shows no tendency to improve. Fuchsin has been found to act favorably in lessening albumen, and also the occasional mucus in the urine.—*Phila. Med. Times*, December 4th, 1880.

**COLORING CONFECTIONS**.—In confectionery, the yellow colors are mostly made up of salts of lead—as high as 7 grains of lead chromate to the pound of candy have been found. The red colors are usually harmless, being made up mostly of cochineal.

**THE GERMAN (ALLOPATHIC) PHARMACOPŒIA**.—The commission for the revision of this work has decided that the nomenclature of salts is to be the same as in the former edition; for instance, the expression "sulphate of potash" will be retained and not substituted by the expression, "potassium sulphate." The commission have decided to keep the Pharmacopœia free from the recognition of any chemical theory.—*Chemist and Druggist*.

**MORTALITY RATES**.—In December, 1880, the death-rate for the United States, as far as statistics can be had, was 21.81 per 1000, against 20.46 for November, which increase the National Board of Health attributes to the low temperature of December. The "cold" raised the mortality in acute lung diseases 44 per cent., or 2.22 to 3.20 per 1000. Consumption shows an increase of only 7 per cent. Diphtheria, croup, enteric fever, malarial fever, and diarrhoeal diseases have decreased. Small-pox has increased; it exists in New York, Philadelphia, Chicago, San Francisco, and Camden, New Jersey.

**A POISONOUS STAR ANISE**, the *Illicium religiosum*, grows in Japan. It has been employed from time immemorial to deck the temples and statues; but its fruit is never eaten, as it is known to be highly poisonous. It should, therefore, be carefully distinguished from the edible species. Siebold says that the Japanese tree has an aromatic bark, but that the fruit, unlike the *Illicium anisatum*, has no odor. Geerts asserts further, that the ends of the carpels of the Japanese fruit are pointed and curved upwards, while the points of the star anise are flattened and spread out horizontally; those of the former are much woodier, rougher, and inclose much brighter yellowish seeds. And, besides, they are more dumpy and boat-shaped than the rosette-like star anise. The Japanese article tastes and smells more like camphor.—*Chemist and Druggist*, October 15th, 1880.

**TWO MORE "INNOCENTS" GONE WRONG**.—In *The Practitioner* of August Dr. Rabigliati offers a theory respecting the action of Aconite in pneumonia and other affections characterized by fever or inflammation:

"The dose should be small, so small as not to induce any secondary wave of reaction, which might leave the patient as bad as he was before. Being small, the dose should be frequently repeated; and I am in the habit of administering it, not every hour or half hour, but every ten or fifteen minutes, till lowering of pulse and temperature, moisture of skin, and sleep are induced. Not once, but many times, have I been able thus to check incipient pneumonia, peritonitis, pleurisy, and tonsillitis; and in children, particularly, the effects are marvellous.

"The induction of sleep is difficult to explain. I do not think it is a direct effect of Aconite, but rather an indirect one, obtained by combating the ex-



citement, and *allowing* rather than *inducing* nature to complete the cure by rest. Sweating seems also to be an indirect effect of the administration, to be explained in some similar way."

In a paper by Dr. Horace Dobell (Physician to the Royal Hospital for Diseases of the Chest), on the curative properties of the mineral waters of Mont Doré the following language occurs:

"On examining the *strongest* of the waters, we find (supposing a quart to be drunk daily for fifteen days) that the total amount of mineral ingredients of all kinds consumed does not exceed 600 grains, principally consisting of salts of soda, magnesia, and lime; that out of this quantity, the Arseniate of soda, for which *alone* the water is famous, does not amount to more than *one-quarter of a grain* in the fifteen days."

One-quarter of a grain of Arseniate of soda in fifteen quarts of warm water! This corresponds approximately to two drops of our 1st cent. dilution in a quart of warm water daily. Verily not a very massive dose for a physician of the old school! And yet we are further informed: "It must never be forgotten that it is *a very definite and potent course of emphatically medical treatment.*" (The italics are Dr. Dobell's).—Dr. A. S. Kennedy in the *Monthly Homœopathic Review*.

AMYLOID DEGENERATION.—Edward Bull (*Nordist Med. Arkiv, Cbl. f. Chir.*, 1880, p. 699), in a paper on Bright's disease, endeavors to show that amyloid degeneration is commoner than is generally supposed. He publishes a case of amyloid kidney, in which the time between the operation of the cause of the affection and the first appearance of albuminuria could be proved. This period was thirty hours. The patient, who was 22 years of age, fell ill of a severe phlegmon of the right lumbar region. At once, on November 12th, 1878, an extensive abscess was opened, with antiseptic precautions. The urine had been examined regularly for albumen during some time previously, and on the day of the operation, with negative result. On the evening of November 13th, however, traces of albumen were found, and this increased regularly in quantity. Death occurred November 30th. Post-mortem examination showed the left kidney pale, swollen, and with amyloid degeneration; the right kidney, which was in the neighborhood of the abscess, was atrophic, but showed no amyloid degeneration, nor did the liver or spleen. Since then, says Bull, the entry of air to the purulent cavity was necessary to the amyloid degeneration, this cannot have occurred previously to the incision, this view being supported also by the fact that albumen was not in the urine, and also by the limited extent of the process. Bull finds his case pointing very strongly to the rapid development of amyloid degeneration, this agreeing with the fact that the kidneys, as a rule, are attacked by the degeneration at once, or at least very soon.—*Philadelphia Medical Times*.

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## News, Etc.

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A CONGRESS OF LARYNGOLOGISTS.—It is proposed to hold a congress of laryngology at Paris, France, during September, 1882.

MEDICAL INTERNATIONAL EXHIBITION.—The "old-school" medical profession will hold an International Medical Congress in London during the summer of 1881. An international exhibition of medical, surgical, and sanitary appliances of all kinds will also be held from about the middle of July to the end of August. The use of the Exhibition Building at South Kensington has been granted for the purpose.

**HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.**—This society is organized on the "Bureau plan," and contains in its membership the materials from which we may expect an abundance of valuable work. The following is the order of business for the ensuing year :

February 9th. *Materia Medica and Toxicology.* Wilson Peterson, M.D., chairman.

March 9th. *Clinical Medicine and Psychology.* William J. Bauer, M.D., chairman.

April 13th. *Physiology, Pathology, and Hygiene.* G. M. Dillon, M.D., chairman.

May 11th. *Surgery and Electricity.* F. E. Doughty, M.D., chairman.

June 8th. *Zymosis and Dermatology.* Egbert Guernsey, M.D., chairman.

September 14th. *Obstetrics.* F. J. Nott, M.D., chairman.

October 12th. *Eye, Ear, and Throat.* Charles Deady, M.D., chairman.

November 9th. *Gynæcology and Pædology.* N. A. Mosman, M.D., chairman.

December 14th. *Annual Election of Officers.*

The secretary is F. H. Boynton, M.D., 151 Lexington Avenue. The meetings are held in the reception room of the Ophthalmic Hospital, corner 23d Street and Third Avenue.

**THE NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.**—Professor Dowling, of New York, President of the Institute, and Chairman of the Executive Committee, to whom were referred arrangements for the time and place of the next meeting, announces that it will be held at Brighton Beach Hotel, commencing June 14th, and lasting four days. Brighton Beach is located directly upon the ocean, within a few miles of the city of New York. The hotel, which is one of the grandest in the world, is kept by James Breslin, Esq., well-known to the travelling public as the former proprietor of the Grand Union Hotel at Saratoga Springs, and at present proprietor of the Gilsey House, New York. Mr. Breslin pledges himself to do all within his power to make the stay of the members as pleasant as possible. Should he be lacking in sleeping accommodations for all of the large number expected to attend, provision will be made for them to lodge at the Manhattan Beach Hotel, distant but two or three minutes' ride by a railway along the beach. He has dining accommodations for 1200. A banquet will be given to the members of the Institute, and their friends, who may be present, and arrangements will probably be made for an excursion (with a supper on board the boat) through the Bay and East River, *via* Hell Gate, the seat of the celebrated submarine blast, which shook the entire island of New York a few years ago,—to the homœopathic hospital on Ward's Island. Those proposing to attend the International Congress, which meets in London on July 11th, will have ample time for the voyage after the adjournment of the Institute. The President trusts and believes this will be the largest and one of the most interesting meetings of the American Institute of Homœopathy ever held.

**THE HERING MEMORIAL.**—The attention of our readers is called to the following circular letter, recently issued. The object is one that will commend itself to the active co-operation of all the friends of homœopathy :

PHILADELPHIA, January 1st, 1881.

DEAR DOCTOR : At the "Hering Memorial Meeting," held in Philadelphia on the 10th day of last October, at the same hour that similar memorial meetings were held in the chief cities of the United States and of Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings into a volume, under the title of "The Hering

Memorial," which should serve, not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence as a man and physician, more enduring than any structure in bronze or stone, and one which, we are sure, would be more in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this memorial volume, for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furness has kindly consented to write a short memoir of his old friend, and this, with the material before-mentioned, and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages, which cannot but prove of great professional and historical value, and at the same time its contents will be sufficiently varied to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned whatsoever sum you may find it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved Homeopathy.

To all contributors to the publication fund a copy of the book will be sent.

Messrs. Boericke & Tafel, the well-known publishers, have kindly consented to attend, without remuneration, to the distribution of the volumes; the artist furnishes the drawings as his contribution; there remains, therefore, as the sole expense of the book, the cost of paper, engraving, printing, and binding. Whatever sum remains, after paying these four items, will be presented to Mrs. Hering, in the name of all the subscribers, of whose names a printed list will accompany each volume.

Yours respectfully,

C. G. RAUE, M.D., 121 North Tenth Street,  
C. B. KNERR, M.D., 112 North Twelfth Street,  
C. MOHR, M.D., 555 North Sixteenth Street.

#### PERSONAL ITEMS.

SETTLEMENT.—T. Louis Adams, M.D., a graduate of the Hahnemann College of Philadelphia, has settled at Berwyn, Chester County, Pa.

GEORGE B. PECK, M.D., writes us that he is engaged on his second paper on the subject of "*Placenta Prævia*." It will be awaited with interest by our readers.

A. M. BALDWIN, M.D., a graduate of the Hahnemann College of Philadelphia, has associated himself with Dr. E. J. Morgan, Jr., M.D., of Ithaca, N. Y., as a co-editor on the *Homœopathic Expositor*. Having a personal knowledge of Dr. Baldwin, we consider the journal fortunate in having secured his services.

MARRIED.—LONG—WINSLOW.—On January 6th, 1881, Howard W. Long, M.D. (Hahnemann, Philadelphia), and Miss Clara E. Winslow, daughter of Stephen N. Winslow, Esq., of the *Commercial List and Price Current*, both of Philadelphia.

DECEASED.—BECKWITH.—E. C. Beckwith, M.D., of Columbus, Ohio, departed this life November 21st, 1880, after a lingering illness, his disease being ulceration of the stomach. He will be long remembered for his unblemished character, his high professional standing, and his enthusiastic devotion to Homeopathy. He had held many important positions in the profession, and was always ready to do all that lay in his power to advance its interests and promote the cause of truth. His death is a severe loss.



## OBITUARY.

## WILLIAM SHEAFF HELMUTH, M.D.

As no obituary notice of the late Dr. W. S. Helmuth (whose death occurred April 8th, 1880) has ever appeared in the *HAIHNEMANNIAN MONTHLY*, the following brief sketch of one whose career was so closely and honorably identified with the early history of Homœopathy may prove of interest to the readers of this journal:

Dr. Helmuth was born in Philadelphia, in September, 1801, and resided all his life in that city. His father was a prominent citizen, and his grandfather a very eminent German divine. After having received a liberal education he chose the practice of medicine for his future career. With this object in view he entered the office of the celebrated Dr. Thomas Hewson, having thus the advantage of a most excellent preceptor, and attended lectures at the University of Pennsylvania, listening to the teachings of such men as Nathaniel Chapman, Philip Syng Physick, John Rhea Barton, John Redman Coxe, and others whose names are historical in medicine. From this institution he graduated in 1824, and at once entered upon the practice of his profession.

For several years Dr. Helmuth was one of the *internes* of the Philadelphia Hospital at Blockley, then as now one of the best clinical schools in the world. He continued as a practitioner of the old school of physic for about sixteen years, but about the year 1840 his attention was drawn to the new revelation in therapeutics. He at once investigated homœopathy, became convinced of its truth and efficacy, and thenceforth throughout his long professional career he adhered closely to its principles and practice. Dr. Helmuth was one of that small but brilliant coterie of highly educated young American physicians who early embraced the new system, comprising such men as James Kitchen, Caleb B. Matthews, Charles F. Matlack, Jacob Jeanes, Walter Williamson, and some few others. These accessions to the ranks of the new school were valuable additions indeed. They, so to speak, Americanized the homœopathic school, theretofore in the hands of German practitioners almost exclusively, and looked upon to a large extent by Americans as a German delusion or mysticism. Indeed it is related that of the above Drs. Matthews, Jeanes, Helmuth, and Williamson commenced the study of homœopathy on the same day of the same year.

Dr. Helmuth was a gentleman of the old school, rigid in his adherence to the etiquette of the profession, and was governed in all his ways by that larger and more practical etiquette embodied in the "golden rule." He was greatly beloved by a large circle of friends, and among his patients his kindness and patience and zeal in their behalf was proverbial. Dr. Helmuth was the uncle of the very celebrated surgeon, Dr. Tod Helmuth, of New York city, who is a native of Philadelphia, and a graduate of the homœopathic medical college of that city. The writer of this brief sketch derived his first taste for the study and practice of medicine from the deceased, and imbibed his first knowledge of medicine in general and Homœopathy in particular from this uncle and nephew.—R. J. McC.

## FRANCIS SIMS, M.D.

THE death of this distinguished physician, though not unexpected, was nevertheless a great shock to his many friends among the members of the medical profession and the laity, in whose estimation he stood deservedly very high.

Dr. Sims was born on the 22d of June, 1823, and after receiving a complete school and collegiate education he entered the medical department of the famous University of Pennsylvania, from which he graduated in 1844,

his diploma bearing the names of the time-honored professors, Chapman, Hare, Gibson, Horner, Jackson, Wood, and Hodge, all of whom were men of world-wide repute and fame. For the first few years of his professional career he practiced allopathy, but was soon led to embrace homœopathy, of which science he was thereafter, and throughout his entire professional life, a liberal, earnest, and able advocate.

Dr. Sims was one of those who assisted at the establishment of the first regular homœopathic medical college in the world, viz., the Homœopathic Medical College of Pennsylvania, in 1848, of which institution he was the first professor of surgery, which chair he filled from 1848 until 1853, both inclusive. He also assisted to found the first homœopathic hospital established in Philadelphia.

Dr. Sims came from one of the old-time merchant families of Philadelphia, when the merchants of that city ranked with the merchant princes of London, and who imported and exported their own goods and wares in their own ships; his grandfather, Mr. Joseph Sims, occupying at one time a prominent place in the commercial life of Philadelphia.

Dr. Sims was a remarkably kind-hearted and genial man, who was greatly beloved and esteemed by all those with whom he came in contact; the grateful and warm esteem in which he was held by his numerous patients attests his professional skill and devotion, tender kindness, and generous impulses. In his private relations he was known as a loving husband, a tender parent, and a warm-hearted friend, and in his bearing towards his brethren of the medical profession he was kindly and yet exacting the most rigidly honorable conduct. It may be truly said of him that he was never guilty of an unprofessional act.

R. J. McC.

At a meeting of the Faculty of the Hahnemann Medical College of Philadelphia, Professors John E. James and Robert J. McClatchey were appointed a committee to prepare a suitable testimonial to the memory of Dr. Sims for the action of the Faculty thereon.

At a meeting of the Faculty of the Hahnemann Medical College of Philadelphia the following preamble and resolutions were reported and unanimously adopted, as expressive of the feeling of the Faculty in regard of the death of Francis Sims, M.D., a former colleague and co-laborer in the cause of medical education, and the first professor of surgery in the first homœopathic college in the world.

*"Whereas,* We have learned of the death of Dr. Francis Sims, a former member of this Faculty, therefore

*"Resolved,* That in the death of Dr. Sims we recognize the fact that a good citizen has been taken from the community in which he lived, that his family have been bereft of a devoted and well-beloved husband and father, that a large clientèle, who regarded him with lasting gratitude and affection, mourn the loss of a valued friend and true physician, and that from the homœopathic profession an earnest advocate has fallen.

*"Resolved,* That we tender our sympathies to his family and friends in the affliction which death has thus laid so heavily upon them.

*"Resolved,* That a copy of this preamble and resolutions be sent to the family of our deceased brother, and published in the *HAHNEMANNIAN MONTHLY.*"

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OFFICE OF THE *HAHNEMANNIAN MONTHLY*, N. E. corner Eighteenth and Green streets, Philadelphia.

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# THE HAHNEMANNIAN MONTHLY.

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No. 3.

## Original Department.

### STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

#### ANIMAL KINGDOM.

(Continued from page 80.)

#### THE ARACHNIDA.

OF the *Araneidea* the following are used. *Mygale lasiodora*, *Lycosa tarentula*, *Tarentula cubensis*, *Theridion curassavicum*, *Aranea diadema*, *Aranea scinencia*. Symptoms have also been observed from the Tela of spiders.

Of the *Scorpionidea* several species have been proved, though imperfectly.

Of the *Acaridea* the *Trombidium muscæ domesticæ* is the most important.

Poisons derived from the *Araneidea* act energetically, but less fatally than those from the Ophidians.

Prominent among the effects of spider-poisons are disturbances in the nervous system; anxiousness; trembling; choreic movements; hysteric attacks and great restlessness are frequently produced. Oversensitiveness is observed, as from noises (*Theridion*, *Tarentula*). Nervous prostration; periodicity.

Bitten parts become swollen, red, or even livid, with dark streaks along the course of the lymphatics. Bone-pains (*Theridion*, *Tarentula*, *Diadema*). Fevers of an intermittent type. Hæmorrhages (*Diadema*, *Tarentula*, *Tela*). The system is profoundly affected by spider-poisons; hence they may be used in serious and chronic ailments.



The bite of the *LYCOSA TARENTULA* causes swelling and discoloration of the part: pain and itching; and, as systemic symptoms, coldness, præcordial anxiety, and vertigo. Then follows a long and often incurable train of nervous symptoms. These consist of a commingling of restlessness and convulsive tremblings, with, at the same time, prostration of strength, melancholy, and weak memory. Music and certain colors exert a soothing effect; and, for a time, quiet the agitated nerves, and palliate the mental depression. The measure called the Tarentella seems especially effective. So soon as the sufferer hears its strains he becomes excited and begins to dance, and his melancholy vanishes. A profuse perspiration may follow, with relief to the whole system.

The characteristic nervous symptoms, with their accompaniments, are briefly as follows: Insane paroxysms; she pulls her hair; strikes her head with her hands; general trembling; restlessness of the legs, and often sexual excitement. She sings, dances, and cries; without fever.

**HYSTERIA.**—Feigned paroxysms. Laughter immoderate, and in uncontrollable attacks. Sings until hoarse and exhausted. Attacks of suffocation, with crying and screaming. Præcordial anxiety; tumultuous beating of the heart; want of air. Beating of the heart ceasing suddenly, then patient thinks she will die. Heart pains as if squeezed. Mood changeable; quarrelsome, with weak memory, but with excited sexual passion; lasciviousness, with indecent exposure; contractions of the uterus.

Profound grief and anxiety.

Desire to cry, general agitation.

Desire to joke, play and laugh. Fits of nervous laughter.

Contortions of the head and hands, with nervous agitation and rage. Must be constantly occupied or moving the hands and feet; cannot keep quiet. Irregular movements of head and upper extremities. Music allays the choreic movements.

Spasms preceded by a dizzy feeling; great præcordial anguish during the attacks.

Tendency to get angry and speak abruptly.

Melancholic mood very prominent.

Fear and trembling; apprehensiveness.

Memory weak, with many of the symptoms.

Intense headache, compelling to move from place to place.

Must move the head or rub it against some object.

Headache worse on awaking; pains as if head was knocked, with stiff neck.

Headache as if cold water was poured on the head; better from pressure and fresh air.

Headaches are accompanied with trembling, oppression of the chest; palpitation of the heart; great nervousness and spinal tenderness, or with uterine symptoms. Constrictive headache, with uterine pains.

Dim vision. Luminous spots before the eyes.

Gastric symptoms, with sympathetic pains on the sides of the head, face, ears, teeth, malar bones, etc.

Uterus feels as if it contained a foreign body.

Contractions in the uterus.

Sensitiveness of the uterus, much borborygmus through the vagina. Pains in the uterus, with expulsion of gas, preceded by hysteria.

Pain in the uterus, with severe constrictive headache.

Swelling and induration of the uterus, with difficulty in walking.

Pain in hypogastrium, hips and uterus, as if compressed: unconquerable sleepiness.

Burning pain in hypogastrium and uterus, with sensation of great weight, interfering with walking, as in prolapsus and causing pruritus vulvæ.

Fibrous tumors, with loss of pale blood.

Menses profuse; pruritus vulvæ follows.

Sleeplessness, with nervous restlessness.

Trembling of the limbs; the crawling and itching at night compel constant motion.

Constant chill and coldness except when asleep at night; feels bruised all over, particularly when moving; pains in legs and head; bilious vomiting; burning, scorching heat, alternating with intense coldness, causing trembling.

Burning heat, thirst; longs for sleep, but so nervous, cannot.

**Related Remedies.**—TARENTULA is evidently a remedy of great power; but the uncertainty and lack of confirmation, which surround the symptoms published, render any exhaustive analysis impossible. All symptoms marked "16," Allen, vol. ix, are decided to be invalid, because the prover was poisoned by a tarentula which "came through the mail, and decomposition had undoubtedly commenced, . . . hence the symptoms were such as might come from the scalpel or any other kind of animal poisoning." (Allen, vol. x, p. 637.) Further, Dr. R. Hughes calls into question Baglivi's cases, of which Dr. Nunez himself states that some may have been from a scorpion, instead of from the tarentula. (Pharmacody-

namics, 4th edition, p. 891.) The late Dr. Houard criticised Nunez's provings, claiming that all the symptoms were not attributable to the spider under consideration.\* Still, there is a group of symptoms, which we have endeavored to present as clearly as circumstances will permit, which most probably belongs to the *LYCOSA TARENTULA*.

In our limited experience, we have found *TARENTULA* useful in several forms of disease, when the patient, male or female, is nervous, restless, and compelled to keep constantly in motion. The headaches are violent and are sometimes relieved by rubbing the head against the pillow. Indeed, this hypersensitiveness of the peripheries of the nerves seems to be a general characteristic; for, the patient is comfortable only when busily moving the fingers, rubbing the hands together, moving the legs, etc. The spine is often exquisitely sensitive, while trembling and ennui show the general exhausted condition. Choreic symptoms are well marked, as are also indications pointing to paralysis agitans. Hysteria is clearly pictured, even to the deceptions which such persons are prone to practice. When the uterine symptoms concur with the mental, we expect good results from the drug.

The *Tarentula Cubensis* is claimed as a rival of Arsenic, Carbo veg., etc., in the treatment of carbuncle and kindred affections. It relieves the intense pains, and hastens the cure. It should therefore be compared with Arsenic, and no less with *LACHESIS*, *ANTHRACINUM*, and *Silica*.

Of the remaining Araneideæ, *Mygale* is the most similar in choreic symptoms, *Theridion* in vertigo, nervousness, and *ARANEA DIADEMA* in intermittent fever.

*MYGALE LASIODORA* has produced: delirious talk about business, restlessness all night; fear of death; despondency, with anxious expression. Nausea, with strong palpitation of the heart, dimness of sight, general weakness. Tremulousness of the whole body, in the evening. Severe chill, thirty minutes, then fever, with trembling.

Clinically, however, the *MYGALE* has proved useful in chorea. We can recall one case in which the convulsive symptoms were speedily removed, and the patient, a little girl, remained well for several years. The following are derived from MSS. furnished us by the late Dr. G. Houard: *Muscles*

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\* We feel that we were too hasty in our defence of Dr. Nunez against the attack of Dr. S. A. Jones in the North American Journal of Homœopathy, several years ago. We take this occasion to modify our views, and to say to Dr. Jones, "peccavimus."—E. A. F.



of the face twitch; mouth and eyes open and close in rapid succession; cannot put the hand to the face; it is arrested midway and jerked down. Gait unsteady; legs in motion while sitting, and dragged while attempting to walk. Constant motion of the whole body.

We have, so far as we know, no record of hysterical symptoms which can confuse the MYGALE and the TARENTULA.

The MYGALE has also cured extreme chordee.

THERIDION compares with the TARENTULA, in headache, nervousness, hysteria. According to provings, there is a similar restless, busy state: he desires to occupy himself, though he finds pleasure in nothing. But there is a strong distinctive characteristic in the sensitiveness to noise. This qualifies the vertigo, headache, and even the gastric ailments. Vertigo and nausea, worse when the eyes are closed, from motion and from noise. Every sound penetrates the teeth. Every penetrating sound and reverberation penetrates through the whole body. Headache worse if others walk over the floor. We have relieved most intense headache with the THERIDION, when this hypersensitiveness was present, as well as nausea and aggravation from motion. The general accompaniments are true spider-effects: weakness, trembling, coldness, and anxiety. Hysteria, too, has yielded to the THERIDION: time passes too quickly; hilarity; talkativeness; feels as if her head did not belong to her, as if she could lift it off. Luminous vibrations before the eyes. Sensitive to light; if she looks into the light, dark vibrations are produced; double vision. Faints after every exertion. Anxiety about the heart, with sharp pains through the left chest, or to the left shoulder. Bites the point of the tongue during sleep,—all with weakness, chilliness; or easily excited, cold sweat. Nausea and vanishing of thoughts, greatly intensified by closing the eyes.

ARANEA DIADEMA, so far as proved, does not develop the extreme excitation of the three mentioned above. Still, there is evidence enough that it affects the nervous system: confusion of the head, and headache, after eating; relieved, though not cured, by smoking. Headache ceases in the open air. Flickering sensation in reading and writing, from which the headache grows worse. Sudden violent pains in the teeth of the whole upper and lower jaw at night, immediately after lying down. Restless sleep, with frequent waking, always with the sensation as if the hands and forearms were greatly swollen, as if they were as strong and large again as natural. (Confirmed.)

The strongest effects of the *DIADEMA*, however, are exhibited in the intermittent symptoms. Here it rightly claims precedence over the other *Araneidæ*. Symptoms recur daily at the same hour,—such as griping in the abdomen, chills, etc.; chilliness, as if the bones were made of ice; bone-pains; heat and sweat may be absent; worse in wet places, and during protracted damp weather; swelling of the spleen, in one case with blood-spitting.

*TARENTULA* causes chills and shivering; constant chill and coldness, except at night when she sleeps; feels broken down, as if bruised all over, particularly when moving; burning heat; sweat. Used successfully in intermittents with the hysteric. Worse from dampness and in change of weather.

The provings of *TARENTULA* record the following: Rachitism due to syphilis; diseases of the bones in general; general pains, particularly of the bones of the arms. Whether these are genuine it is not easy to determine. In osseous affections experience places *Aranea Diadema*, and particularly *THERIDION*, foremost of the *Araneidæ*.

The latter is often needed in scrofula, rachitis, caries, and necrosis, "to reach the root of the evil and destroy the cause," when well-chosen remedies fail. Bones pain as if they would fall asunder; coldness, cannot get warm. We think that this drug may even cure ozæna with caries, since it attacks the bones, and has so often removed the following: discharge from the nose, yellow, or yellowish-green, thick and offensive.

The *DIADEMA* has violent, dull, burrowing bone-pains in the right os calcis, if the foot is moved from a quiet position; on continued motion the pain generally disappears; similar pains in the limbs.

A unique symptom of this remedy is sensation in both ring and little fingers of both hands as if they had gone to sleep, and of formication.

A rather peculiar employment of *THERIDION*, but one which we think we have had occasion to confirm, is its use in phthisis florida. It is claimed that the drug tends to stay and, in some cases, stop the fearful progress of this fatal affection. One symptom we know is good: violent stitches high up in the left chest through to the back. Dr. Baruch succeeded in removing this symptom with the *THERIDION* after other physicians had utterly failed.

Concerning other related remedies, we may profitably study the following. Compare *TARENTULA* with:

In choreic symptoms, *ACTEA RAC.*, *STRAMON.*, *Hysoc.*,

*Crocus*, *AGARICUS MUS.*, *Caust.* (Mygale is comparable with the same remedies.)

Hysterical symptoms: *IGNATIA*, *MOSCHUS*, *STRAM.*, *Plat.*, *Hyosc.*, *Bellad.*, *Nux mosch.*, *Nux vom.*, *Laches.*, *Phos.*, *Zinc.*, *Organum*, etc.

Of these, *STRAM.*, *IGNATIA*, *Hyosc.*, and *Bellad.* are most similar in the mental symptoms; *MOSCHUS*, *IGNATIA*, *Laches.*, in suffocation; *Mosch.*, *Plat.*, *Zinc.*, *Hyosc.*, *Stram.*, *Phosph.*, *Organ.*, in sexual excitement.

In the constrictions of the uterus, heart, head, etc., so prominent in *TARENTULA*, the following are nearest related: *BELLAD.*, *Secale*, *CHAM.*, *IGNATIA*, *NUX VOM.*, *PLAT.*, *Laches.*, *Sepia* (uterine); *CACTUS*, *Lil. tig.*, *Agaric.*, *LACHES.*, *Nat. mur.*, *Nux mosch.* (heart).

Hyperesthesia, general: *BELLAD.*, *Hyosc.*, *Nux vom.*, *Cinchon.*, *Natr.*, *mur.*, *Sepia*; *AGARICUS*, *ACTEA RAC.*, *Stram.* (the last three of spine).

Restlessness of the legs: *Ammon. carb.*, *Actea Rac.*, *Caust.*, *Asafet.*, *Bellad.*, *Mosch.*, *Natr. mur.*, *Calc. phos.*, *Stram.*, *ARSENIC*, *Mephitis*, *Sulph.*, *Hyosc.*, *Zinc.*

Tremulousness: *Agaric.*, *Arg. nit.*, *Bellad.*, *Actea Rac.*, *Cicuta*, *Ignatia*, *Stram.*, *Caust.*, *Zinc.*, *Lach.*, *Plat.*, etc.

Indurated uterus: *Plat.*, *Alumen*, *Aurum*, *Sepia*, etc.

*THERIDION* should be compared with:

In headache, worse from noise, *Spig.*; from jarring the floor, *Bellad.*, *Sang.*

In vertigo, worse closing the eyes: *LACHES.*, *Apis*, *Piper methys.*, *Silica*, *Arsenic*, *Thuja*, *Petrol.*, etc.

In scrofula, with: *Sulph.*, *Calc. ostr.*, *Lycopod.*, *Silica*.

Pains in upper left chest: *MYRTUS*, *PIX LIQUIDA*, *SULPH.*, *Anisum Stell.*

As a promoter of reaction, compare with: *Ambra Grisea*, *Valeriana*, *Castoreum*, *Sulphur* (these especially when nervousness obtains with defective reaction), *Opium*, *Lauroc.*, *Psorinum*, etc.

*ARANEA DIADEMA* should be compared with:

In periodical return of symptoms: *CHIN. SULPH.*, *Gelsem.*, *Cedron*; *snake-poisons*, *Carbo veg.*, *Rhus v.*, *Sulph.* (annual return); *Sabadilla* (fever and sweat); *Cactus*, *Spigelia*, *Helleb.*, *Bovista*, *Lycopod.*; *Silica* (fever and sweat).

Chill predominates, without heat: *Verat. alb.*, *Lycopod.*, *Capsic.*, *Digit.*, *Caust.*, *Bryon.*, etc.

Worse on rainy days, or in damp places: *Nux mosch.*, *Rhus*



*tox.*, *Lycopod.*, *Calc. ostr.*, *Ceanothus* (see Spleen, below), *Natr. sulph.*

Swollen spleen, ague-cake: *CEANOTHUS*, *Cinchona*, *Sul. ac.*, (both this and *Aranea* with hæmorrhages), *Nux mosch.*, *Natr. sulph.*, *Carbo veg.*, *Arsenic*, *Natr. mur.*

Ring and little fingers, as if asleep (ulnar nerve): *Conium*, *Natr. mur.* (ring), *Lycopod.*, *Sulph.*, *Sabad.* (ring), *Thuja*, *Caust.* (formication).

In choreic movements, *AGARICUS* is distinguished by the spasms of the eyes and eyelids, spots here and there, which itch and burn. Redness of the inner canthi. This remedy is likewise of eminent use in irritation of the brain, with violent and rapid rolling of the head, increased bodily mobility, with twitchings of muscles. Intellection diminished almost to imbecility. Here *Tarentula* agrees and may be compared when friction caused by the rolling of the head on the pillow seems to give relief.\*

*STRAMONIUM* is characterized by the following: Features continually changing; now he laughs, now appears astonished; tongue protruded rapidly; head thrown backwards and forwards; spasmodic twisting of the spine and whole body; extremities in constant motion, though not always jerked; for, sometimes their motion is rotatory, gyratory, even graceful. Muscles of the whole body in constant motion. Stammering. If the mind is affected, the patient is easily frightened; awakes terrified; assumes often an attitude of prayer, with fervent expression and clasped hands. Frequently lifts the head from the pillow.

*Crocus* deserves mention because of the hysterical state it is capable of exciting, together with choreic symptoms. It causes jumping, dancing, laughing, desire to kiss everybody; contractions of single groups of muscles. She is angry, and then suddenly repents; or, angry and talkative, laughing, alternately. As in *TARENTULA*, music affects her. Hearing one sing, she begins involuntarily to join in; but there is not the subsequent relief from music which is noticed in the spider-poison.

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\* By a very ingenious selection of *AGARICUS*, by Dr. Korndorfer, in the case of a two-year-old child, who had evident meningitis, and who was not relieved by *Apis*, *Sulph.*, etc., the rolling of the head ceased, alarming forewarnings of imbecility happily vanished, and the patient fully recovered. We used the drug in a case of typhoid, in which the child rolled her head and bit her night-gown. Some improvement followed. *Tarentula* was then given, with slight aggravation, followed by lasting improvement. The two should be remembered in impending imbecility.

*ACTEA RACEMOSA* resembles the spiders in producing sleeplessness, restlessness, and trembling; fear of death; and to these evidences of nervousness are often, in the *ACTEA*, as in *TARENTULA*, reflex from uterine affections. The former has: After going to bed, jerking, commencing on the side on which she is lying, compelling change of position. Nervous shuddering, nervous chills. It has been employed in chorea of rheumatic origin, as well as of uterine. Mentally the two drugs differ. *ACTEA* causes nervousness, feels as if the top of the head would fly off; delirium, with jumping from subject to subject; sees strange objects. Great apprehensiveness, as a concomitant of uterine irritation. Pains darting into the eyeball, through to the occiput. Feels grieved, troubled, with sighing; next day, tremulous joy, mirth, and playfulness.

The head symptom of *ACTEA* is not quite the same as that of *THERIDION*: her head feels as if she could lift it off.

*Hyoseyanus* is useful in well-marked local jerking and twitchings of sets of muscles. The patient is sleepless and nervous; or sobs and cries in sleep. The head falls from side to side. Talkativeness; she laughs at everything in a silly manner. Stuttering. Mental excitement; she is nervous, suspicious, troublesome, but not maniacal.

*Causticum* bears some resemblance in causing restless moving at night; she can find no quiet position. Intolerable uneasiness in the limbs in the evening. Anxiety and timidity in the evening. Trembling. Uneasy at night; she awakes from a short sleep, anxious, scarcely allowing her to remain in one place ten minutes; she was obliged to turn her head involuntarily from one side to the other, until, exhausted, she fell asleep. During sleep many motions with arms and legs. Jerks, mostly of the right side of the body. Convulsive motions of mouth and eyes, with sleeplessness and restlessness, after repelled eruptions.

Rheumatic patients, or those who also suffer from paretic affections, especially of one side of the face or of the tongue; the mouth, in consequence, is distorted.

*BELLADONNA* produces a bodily inquietude, indicating it in chorea. The patient is obliged to move to and fro, especially to move the hands and feet; cannot stay long in any position. The predominant jerking is backwards, although this may alternate with a forward bending. There is a boring of the head in the pillow, not mere rubbing against the pillow, as in *TARENTULA*. *BELLADONNA* has also constrictions, hyperæsthesia, mania, with laughing, dancing, wild crying, etc. But

it is distinguished by the intensity of its symptoms ; there are violent congestions, throbbing of the carotids, wild look, dilated pupils and injected eyes.

In hysterical states *IQUALIN*, though agreeing in many respects with *TARENTULA*, has a well-defined individuality of its own. The nervous system is over-impressionable, incoördinate in function and contradictory in action. The patient is extremely susceptible to emotional influences. Fear and grief affect her seriously ; the least contradiction offends ; she is readily chagrined, and so is often reduced to grief and tears by the slightest causes. Her mental states, however, are not usually exhibited in violence and rage. On the contrary, she nurses her troubles in seclusion and silence, and broods over them until they prey upon her whole system. She thus grows more and more nervous, and, at the same time, more and more weakened. The heart beats nervously, with variable pulse ; she frequently sighs heavily and deeply ; suffers from goneness at the stomach, with qualmsiness and flat taste in the mouth ; feeling of a lump in the throat, swelling, sympathetically with the intensity of her mental disturbances. Sleeplessness or violent startings of the limbs. Grief, fright, disappointed love or some other similar causes, may develop hysterical or choreic paroxysms. The moods change with wonderful rapidity ; now she laughs and jokes, when, quickly, she bursts into tears. Her manner becomes hurried, so that everything is performed hastily, and hence imperfectly and awkwardly. She is afflicted with intense headaches. These are characterized by a predominance of pressure ; the pain goes to the eye, which feels as if pressed out ; or, to the root of the nose ; or again, it is confined to one small spot, like a nail pressing ; hence the name, *clavus hystericus*. At the height of the paroxysm, she becomes restless and chilly, and often describes a peculiar perversion of vision ; she sees fiery zigzags when looking out of the line of vision (see *Theridion*). Finally, a profuse flow of colorless urine terminates the attack.

While, then, both remedies induce sadness, indifference, profound melancholy hysterical states, only *IGNATIA* has the introverted state of mind ; only *TARENTULA* the cunning attempts to feign paroxysms, and wild dancing.

*Platina* should not be confounded with the spider-poisons here, because it develops a different form of hysteria. True, there are present deranged coördination of functions, anxiety, trembling, fear of death, which seems to the patient to be imminent ; also, alternation of depression with gayety and laugh-



ter; sexual excitement; convulsions. But the patient assumes a hauteur, a self-exaltation, which is foreign to the other drugs considered. Her mental disturbances develop into a condition of self-esteem during which she looks disdainfully down on all around her. Her paroxysms of laughter are not only loud and boisterous, but ill-timed, coming on even under circumstances of a sad nature. The headaches are of constrictive character, as in TARENTULA; but there is, in addition, a squeezing, cramplike pain, with numbness, and the pains gradually increase and as gradually decrease.

Indurated uterus belongs to the symptoms of both.

*Palladium* is readily distinguished by its unique mental phenomena. The patient is not haughty, but she is irritable, and is, unfortunately, given to strong and violent language. Music, society, or animated conversation excites her, and produces pains in the right ovary; the following day she feels correspondingly used up. Her egotism is displayed in a fondness for the good opinion of others, hence she is continually getting "slighted." The uterine symptoms are characterized by a weakness, as if the womb were sinking; empty feeling in the groins, as if eviscerated.

MOSCHUS repeats the scolding of *Palladium*; but the patient keeps it up until her lips turn blue, her eyes stare, and she falls in a swoon to the floor. She suffers from sudden suffocation from closure of the glottis or cramp of the chest; palpitation. Faint spells. Tremulousness of the whole body. Coldness of the body. Hysterical headache, with fainting spells; copious pale urine. Fear of death, like *Plat.* and TARENT., but with pale face and fainting; talks only of approaching death. Vertigo, nausea, dim vision. Vertigo, objects turn in a circle. [Musk relieved when *Theridion* produced vertigo; worse when eyes were closed.] Headache, as from a weight pressing here or there on the head.

An oft-observed symptom with the nervous is fidgetiness of the legs, at times preventing sleep. In addition to TARENTULA we have referred to several others.

ZINC induces moving of the feet for hours after retiring, even continuing in sleep. ASAFÆTIDA has several times relieved restlessness, as has also AMMON. CARB. *Actea Rac.* has already been mentioned.

ARSENIC, so useful in stubborn cases of chorea, has the following: uneasiness in the legs; has to change the position of his feet all the time, or to walk about for relief.

*Mephitis* has relieved uneasiness in the legs, as if they would become insensible.

*Sticta Pulmonaria* has produced a sensation as though the legs were floating in the air. One prover became so lively that she lay down on a lounge and began to kick, exclaiming that she felt as if she wanted to fly away. This excitability reminds us of the desire which *Tarentula* causes to jump. [Compare *STRAM.*, *Agaricus*, *Cicuta*, *Natrum mur.*, which latter has: jumping high up, regardless of near objects. *Hyos.*, *CROCUS.*]

*Asarum* induces a feeling as if the body was hovering in the air. It also causes shivering and coldness from any emotion. But it offers no essential similarities with *TARENTULA*, though it does offer some slight resemblance to *THERIDION*. For it so affects the nerves that, like the latter, noises become intolerable. Still the distinction is evident. *Asarum* is so sensitive, that on merely thinking of the scratching of silk, and, nervous-like, the patient is continually impelled to this thought, a thrill runs through her.

Although we have tabulated several drugs as bearing symptomatic resemblance to the Spiders, only the following hold any intimate relationship:

*IGNATIA*, *MOSCHUS*, *Actea rac.*, *Agaricus*, *Stram.*, *Bellad.*, *Mag.*, *Mur.* (the latter in uterine cramps) are similar to *TARENTULA*.

*Cinchon.* and *CHIN. SULPH.* are similar to *DIADEMA* in periodical return of symptoms: swollen spleen; ague from living in damp places, etc.

*CEDRON*, which, it is asserted, will relieve the bite of the rattlesnake and modify hydrophobia, may be considered as probably an analogue of the spider poisons also. It is said to act best in nervous, excitable, and even voluptuous patients, especially females. The febrile and neuralgic symptoms return with clocklike regularity. It is used in ague contracted in warm countries, or in low, marshy land, in which latter respect it offers some similarity to the *DIADEMA*. But the former has won favor mainly in hot climates, while the latter works well in chills contracted in cold and wet localities. The chill predominates, heat being slight or wanting. In *CEDRON*, on the contrary, there is congestion to the head, flying heat in the face, alternating with chill; and dry heat, with full, quick pulse.

*Sulph.*, *Calc. ostr.*, and *Lycopod.* are somewhat intimately associated with *THERIDION*, since the latter operates when the former, though apparently indicated, fail.

*MYRTUS COMMUNIS* and *PIX LIQUIDA* vie with *THERIDION*

in pains in the upper left chest. The first has pain through to the shoulderblade, a symptom which it often relieves even in consumptives. PIX selects a spot at the third left costal cartilage, where it joins with the rib. [If it fails, consult *Anisum stellatum*, which affects *either* side at the third rib.] Râles, through the lungs and muco-purulent sputum, are further symptoms of the tar.\*

LACHESIS is nearest related to THERIDION in vertigo, swooning, etc.; worse when the eyes are closed. Also in anthrax of sheep, which the Orange spider is said to cure, if given before the tumefied parts turn blue. Very likely it will follow the THERIDION, and possibly save, even if the parts *do* become blue and threaten to become gangrenous.†

#### ORGANIC STRICTURE OF THE *ŒSOPHAGUS*—AUTOPSY.

BY F. F. CASSEDAY, M.D., STEVENS POINT, WISCONSIN.

THIS formidable disease may result from a variety of causes, prominent among which may be mentioned injuries produced by the introduction of corroding substances, and morbid processes, such as the growth of tumors and malignant or plastic infiltration. Traumatic cases develop rapidly, and the amount of constriction cannot be estimated until cicatrization is complete. When due to morbid growths or infiltration the disease is confined for the most part to the mucous and submucous tissues, although in some cases Gross and Miller inform us that the muscular fibre is also involved to some extent. The seat of the constriction is generally opposite or below the cricoid cartilage, may affect one or both sides of the tube, and vary from one-half to three inches in length. In recent cases there is very little distension of the tube about the seat of stricture, but in chronic cases the sacculation is sometimes enormous. Rokitsansky and Molt cite cases where pouches were found of sufficient size to admit an arm. Another case‡ is reported where a pouch was found proceeding from behind the *œsophagus* and passing down in front of the vertebræ. The most important symptom is a feeling of constriction, which gradually

\* These indications for Anise and Tar are obtained from the unpublished provings of Dr. Jeanes, who confirmed them repeatedly during years of practice. The Anise has relieved hæmorrhages when its pain was present; and we cured a case of enlarged liver with it, guided by pain in the right chest, in the region of the third costal cartilage and its rib.

† Trombidium will be treated of as an analogue of Mercury.

‡ Ranking's Abstract, page 191, for 1847.



increases in severity until deglutition is impossible. When the stricture is incomplete the food may remain at the seat of constriction long enough to be slowly swallowed, or it may be immediately regurgitated.

The total absence of pain, except in the cancerous form, the haggard and worn expression, and the extreme weakness and emaciation give us a complete picture of the disease. The only necessary procedure to complete the diagnosis is the passage of the bougie to locate the seat of stricture. The surgical and medical treatment of this affection is decidedly unsatisfactory, although some cures are reported. Under surgical procedures, electrolysis and gastrotomy afford a chance of cure. The results from gastrotomy are of a negative character however, as of eighteen recorded cases, all were fatal. Judging from the results secured by electrolysis in the treatment of stricture of the urethra, and in one case of œsophageal stricture, it bids fair to become a remedy of the first importance in the treatment of these cases. The case referred to above, occurred in the practice of Dr. Helmuth, of New York city, and was operated upon by Dr. John Butler, in December, 1877. Dr. Butler describes the case in his *Electro-Therapeutics*, page 220. The case was of traumatic origin, in a young lady, and was produced by swallowing a mixture of Nitric acid and Kreosote. There were three strictures, so firm and unyielding that the smallest bougie could not be passed.

Dr. Butler made five applications of the electric current, which completely obliterated the strictures and restored the œsophagus to its normal condition. The young lady gained sixty-five pounds in two months' time, and as far as it is possible to judge is entirely free from any of the original trouble. An admirable classification of the remedies indicated for stricture has been given by Dr. Joslin, of New York, and includes such remedies as Merc., Ignatia, Bellad., and Nat. mur. To these may be added Silicea and Hydrastis, the former to correct cicatricial contraction, and the latter in carcinoma.

My patient was a woman of sixty-four, a widow, and the mother of seven children. She had always enjoyed good health until four years ago, and until within six months previous to her death, presented a healthy and robust appearance. For the last four years she has been troubled with empty and tasteless eructations of gas from the stomach, accompanied at long intervals with regurgitation of food immediately after swallowing the same. She never suffered from pain, and always had a good appetite. About eight months

ago she complained of a feeling of constriction just behind the sternum, on a level with the first rib. She consulted a physician in the southern part of the county, who diagnosed stricture and (by her statement) introduced a bougie into the stomach. Upon her return home, two months later, she was unable to retain any food, except a small quantity of liquid. She gradually lost flesh and strength, and was continually spitting or vomiting glairy mucus. She retained nothing in the shape of food or medicine.

The case came into my hands September 30th, 1880. Her condition at this time was as described above, and her appearance was that of a person dying from starvation. I stopped all food *via* *œsophagus*, and ordered liberal injections of beef essence per rectum. Gave Apom., Merc. viv., Nux vom., Lye., and Baryta carb. 30<sup>r</sup> at various times. These remedies controlled the vomiting. October 3d I introduced a bougie a little over a quarter of an inch in diameter. The bougie went down a distance of eleven inches, measuring from the floor of the pharynx. There was a slight resistance at two points, about four and six inches from the stomach as nearly as I could judge.

After the introduction of the bougie about four ounces of beef essence and a small piece of bread were taken into the stomach and retained. The bougie was introduced every day for six days, when it became evident that the constriction was increasing and the calibre of the tube diminishing. The vomiting returned, and it was utterly impossible for her to retain anything. On the 20th of October the smallest bougie would not pass by firm and continued pressure. Little was done for her, or attempted, except the administration of food and stimulants per rectum, from this time until her death, one week later.

The autopsy, made eight hours after death, revealed a stricture about two and a half inches in length, located exactly posterior to the bifurcation of the trachea, and anterior to the lower border of the third dorsal vertebra. It consisted of hypertrophied mucous and cellular tissue, surrounded by fibres of muscular tissue. The stricture was very firm and hard, and would scarcely admit a crowquill. The passage below the stricture was perfectly natural, as was the stomach. Above the stricture the *œsophagus* was dilated to a considerable extent. All of the thoracic and abdominal viscera were sound and healthy. Posterior to and a little above the stricture was the sac of an abscess, which had ruptured and discharged its

contents into the surrounding tissue, whence a portion of the pus had burrowed to the left lung. There was quite an excavation around the stricture; the tissues were of a greenish-purple color, and emitted a strong odor. The stricture was undoubtedly caused by plastic infiltration from the abscess.

### QUARANTINE.

WHEN, BY WHAT AUTHORITY, AND FOR WHAT PURPOSE  
MAINTAINED.

ANSWERS TO THE LEADING QUESTIONS SUBMITTED BY THE  
STATE BOARD OF HEALTH OF LOUISIANA, TO THE  
QUARANTINE CONVENTION AT NEW OR-  
LEANS, DECEMBER 8TH, 1880.

1. "In what shall quarantine consist—in detention, or disinfection, or both?"
2. "When is it to be established? For what period of time? By what authority?"

BY J. P. DAKE, M.A., M.D., DELEGATE, COMMISSIONED BY THE GOVERNOR OF TENNESSEE.

MR. PRESIDENT: From the language and tenor of the questions which follow that now before the convention, I take it that, the quarantine we are asked to consider is that of an American port, against shipping from other ports, foreign or domestic.

With such an understanding of what is intended, I desire, as a representative of Tennessee, to respond briefly to the several divisions of question number one.

1. It is asked, "In what shall the quarantine consist—in detention, or in disinfection, or in both?"

I take it, sir, that there can be no differences of opinion here, among persons well informed, as to the necessities of the case.

Do vessels ever bring to our ports the seeds of disease, such as may occasion a destructive epidemic?

Is there a delegate upon this floor who ventures to answer the inquiry in the negative? I think not.

If vessels do, at times, bring to our shores the causes of pestilence and death, there can be but one opinion as to the necessity of their detention. And if they are detained it must not be out of any idle curiosity, nor without some practical purpose. We are, therefore, ready to answer the question of the State Board of Health for Louisiana by saying: *The quarantine should consist both in detention and disinfection.*

The detaining of a vessel should be, first of all, to inquire



into the character of her papers, as to her condition on leaving port.

Efforts are now in progress, national and international, to secure proper bills of health for all vessels going upon the sea.

In the second place, the detention should be for proper inquiry as to the health of passengers and crew since the time of leaving port.

However healthy the persons aboard may have been at the time of sailing, disease of a serious and infectious character may have developed among them during the voyage.

In the third place, the detention should be, for a close examination of the vessel, with its baggage and cargo, where there is ground for suspicion that it may be the repository and vehicle of infection.

And, in the fourth place, the detention should be sufficient to allow necessary measures of disinfection where inquiry and examination have shown the presence of transmissible seeds of disease.

The detention contemplated is not such as to injure, but rather to protect the commerce of the ocean and the trade of cities.

A few hours may suffice for the examination of bills of health and of the condition of passengers and crew. If all is fair the vessel in question may pass quickly into port. If all is not fair the detention must be longer; and, in each case, must be lengthened in proportion to the risk incurred.

2. In response to the question: "When is quarantine to be established, and for what period of time?" I would say, *at once and all the time.*

At this point it is proper to say that we do not use the term quarantine in the sense given it in olden times, and even yet by many, who speak of it as referring to a relic of barbarism and an incubus upon travel and trade.

The quarantine contemplated is but a station and mode of inquiry and inspection, offering an asylum to the sick, and an adequate protection to the well.

It is to facilitate the intercourse of nations and the progress of business by giving a free course where there is safety, and a prohibition where there is danger.

History furnishes abundant examples of the sad effects of fear, the utter ruin of commerce and almost complete annihilation of human kindness, where intelligent inquiry and investigation have done nothing to discriminate between things and persons really dangerous and those really harmless.

It is for us to choose a system of enlightened and honest inquiry and protection, or the measures of a blind and cruel fanaticism, which closes every port and avenue and door to friend and foe alike.

Such a quarantine, then, as we contemplate, should be constantly maintained. There is not a year, nor a month in a year, nor a single week in a month, when it can be said that no vessel enters the Mississippi from the Gulf of Mexico that may not have the infection of yellow fever aboard.

If there is no yellow fever or cholera prevailing in any country that has a direct trade with New Orleans, then the detention and inspection would be short, so short as to prove no interference whatever with shipping interests.

3. I come now to the last inquiry in the general question number one, namely, "By what authority is the quarantine to be established and maintained?"

I am aware that, not only here but even in the National Congress, different opinions exist as to the proper answer to this question.

I think, however, if we calmly consider the interests involved, the work to be done and the expense to be borne, there will be little hesitation in saying that the undertaking should be that of the United States Government.

The interests involved pertain not to one locality nor to one State.

Quarantine or no quarantine, detention and disinfection or no detention and disinfection, at the mouth of the Mississippi, concerns not merely the city of New Orleans and the State of Louisiana, but also, if not so immediately, every city and State lying upon the "Father of Waters" and his larger tributaries.

This proposition requires no argument or illustration. Most unwelcome facts, fresh in the memory of the whole people, have settled its truthfulness beyond all question. And the work to be done in the protection of such widespread interests is by no means light.

Buildings are to be erected and furnished and managed, at necessary points, for the reception of the sick and accommodation of the well, taken from infected vessels. In times of comparative safety these stations may call for but little work; while in seasons like those of 1878 and 1879, and of many a year before, the labor and care would be great. And where all these preparations are to be made, and all these labors bestowed, there must be heavy expense.

The quarantine required for the protection of this city and the country beyond, cannot be less extensive and less efficient than that found necessary for the protection of the city of New York. That has cost, and annually costs, a large amount of money.

In view, then, of the extended interests involved and the labor and expense, I ask: Is it right, is it fair, to have the city of New Orleans, or the State of Louisiana, establish and maintain the necessary quarantine at the mouth of the Mississippi?

As a representative of Tennessee I would say that, much as our State has suffered from the ravages of disease brought to us through the open gateways of the Gulf, we would spurn the thought of purchasing immunity at the expense of our sister State.

In common with all the States having commercial intercourse with Louisiana, by river and rail, we wish to be protected, and we wish to bear our proportion of the *expense* of protection. And here the question arises: How, and by what sort of compact can the several States interested participate in paying the cost of the benefits secured?

Do you tell me by a union, a confederation, a special compact of States?

Sir, what have we, as a *nation*, but such a union and compact?

Why abandon *that* to form another? I confess that it seems to me like a child's play to discard a provision already wisely made and long employed successfully, in order to make another not half so good. If the national treasury and the hands of the nation are employed to clear away the obstacles to navigation and to deepen the channels of our rivers, why may they not be as legitimately employed in the prevention of evils which press not upon the water-ways and commerce of one State alone, nor one group of States, but upon the entire country?

But, says my friend, the politician, it is an encroachment upon the reserved rights of the States, an unconstitutional proceeding, for the General Government to establish and maintain quarantine stations, especially upon our rivers and railroads. Though I am not a politician, and though I claim but a limited knowledge of the intricacies of constitutional questions, I am fully convinced, by common observation and common sense, that the union of the States was not effected simply to secure a *name* for our country, nor yet to perpetuate



*an abstraction, a bodiless scarecrow for the intimidation of foreign powers, in the shape of a General Government.*

The very power vested in Congress by the Constitution to regulate and govern the commerce of the country, both foreign and between the States, confers upon that body the right, nay, the duty, to protect that commerce against destruction by the ravages of disease.

If the General Government may rightfully clear out snags from the channel and sand-bars from the mouth of the Mississippi, for the benefit of Louisiana and all the other States above, why should it not as rightfully and as necessarily clear away and keep off, as far as possible, the piracy of disease?

Inasmuch as we are all alike interested, let me ask those who object to a national system of quarantine, why this fear of the power of the national government? What interest can that government have that is not also the interest of each State?

Mr. President, I can readily imagine a style of national quarantine which I, also, would fear and strenuously oppose. Were a health minister placed in the presidential cabinet at Washington, with power to control appointments of all sanitary inspectors and officers, to administer, through a line of subordinates, the health service of our shipping on the sea, at quarantine stations, and in hospitals, and to detain and deal with vessels and railway trains without reference to the views and wishes of resident physicians and sanitary boards and business men, I would be one of the first to seek the overthrow of such an oppressive and inadequate system.

What we want, then, is a general system of quarantine, taking in the entire country, sustained by the Federal Government, and administered by the National Board of Health through local boards of health, State and municipal.

We would not have a medical autocrat sitting at Washington, while we were struggling with an epidemic of yellow fever on the banks of the Mississippi, dictating our measures from day to day, but we would like the highest learning in Washington, and in the entire National Board of Health, exercised in aiding our brave workers upon the field by all the means and power placed at their command by the Constitution and acts of Congress.

Let the power be central and the application local, with measures changing to suit the exigencies of time and place as observed by those upon the field.

In our case, all quarantine establishments for the Mississippi

Valley should be by authority and at the expense of the National Government, administered always by a local board, having one member appointed by the Board of Health or the governor of each State immediately concerned, the management being in accordance with the general rules laid down by the National Board of Health.

With such an arrangement there need be no fear of unjust discriminations nor of grave mistakes and neglect, through a lack of knowledge or of interest, on the part of those exercising sanitary inspection and control.

There might be three of such boards, one for the Atlantic and one for the Pacific States, and the third for the Mississippi Valley, to take immediate charge of all quarantine stations and measures in their respective fields.

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### WHOOPIING-COUGH—ETIOLOGY, ETC.

BY CHARLES F. GOODNO, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

CONCERNING the etiology of whooping-cough various views have been entertained.

According to Dr. Mitchell, of Cincinnati, climate, race, and nationality seem to exert little influence in its spread. Females are oftener attacked than males. In London it ranks fourth among the causes of death occurring under five years.

That persons are rarely, if ever, attacked a second time (and infants have been born with the disease) are strong arguments in favor of the theory that the disease is constitutional.

The localization of the poison on a certain portion of the respiratory mucous membrane, and the absence of an elevation of temperature, at least of a high grade, as is always present in acute constitutional affections, are arguments in favor of the theory of local disease.

In 1871 Dr. Letschich of Germany, in examining the mucus coughed up during the catarrhal stage, found small elliptically shaped, brownish-red fungus spores, some of which had germinated and produced mycelium. Upon introducing these fungus spores into the trachea of young rabbits they were afterwards affected with a cough exactly like that of pertussis. Their spittle was the same as that of children, and when killed their lungs were found to contain fungus.

Dr. Henry A. Mott, of New York, agrees with Dr. Letschich as to the fungus origin of this disease with a few excep-

tions. He found fungus spores, but not of the brownish color. He states that the ripe spores differ from those of diphtheria, in not being circular and in not showing any finger-like protuberances. The growth of mycelium in the masses of mucus goes on very rapidly, and the threads acquire considerable length, especially when the disease is at its height. The expectorated mucus is also very thick at this stage, and on drying becomes of a glassy appearance, although very tenacious. In the latter stages there is a quantity of mycelium, and a rapid formation of spores takes place. If the spores are treated with iodine and concentrated sulphuric acid the color of the mycelium becomes a beautiful blue, while the spores, normally white, then become brown.

In the year 1860 Dr. Guyer, in Hooper's *Vade Mecum for Physicians*, says the post-mortem appearances consist "in inflammation of the bronchial tubes, with a large collection of mucus in the air-passages, inflammation of the substance of the lungs, inflamed bronchial glands, inflammation of the mucous membrane of stomach and intestines, with enlargement of Peyer's and Brunner's glands, or in other words, an inflamed condition of the parts supplied by the par vagum."

By many, whooping-cough is regarded as a neurosis, having its origin in a local nerve lesion of the respiratory tract, with excessive catarrh.

This theory seems to be well illustrated by a case related by Dr. T. Thompson, in *Braithwaite's Retrospect* for the year 1860. His patient had an abscess which in time laid bare the pneumogastric nerve, and it was remarkable that when the nerve was in contact with the air, a spasmodic action resembling whooping-cough was produced; when the nerve was covered over by a cicatrix the whooping-cough ceased.

Dr. Sturges, of Westminster Hospital, rejects the theory of a specific poison of contagion carried by a material agent, and contends that it is a nervous affection, infectious in the same way as the emotions of fear, pity, and discontent, and as the acts of yawning, laughing, or coughing during church service. In this respect he compares it with hysteria, chorea, etc.

M. De Mussy regards pertussis as a veritable eruptive fever of the variety he has termed exanthematic, and that its contagious power is similar to that of other affections belonging to this class.—*Medical Record of New York*, 1877.

In the French Academy of Medicine during the year 1877, the theory was advanced and illustrated by morbid specimens consisting of enlarged tracheo-bronchial glands, which com-



pressed the pneumogastrics and their laryngeal branches. It was thought that these specimens confirmed the theory that the special form of cough in pertussis, is due to compression of these nerves by the glands. This theory explains the fact that the spasmodic cough does not occur at the outbreak of the affection, and also the fact, that all diseases which are attended by tumefaction of the bronchial glands are characterized by a cough similar to that of pertussis.

This theory was objected to: 1st, because the glands are seldom found enlarged; 2d, the rapid amelioration following the change of air; 3d, the intermission of symptoms; and 4th, the contagiousness of the disease.—*Pacific Medical and Surgical Journal*, 1877.

M. De Mussy considers whooping-cough as an exanthematous fever, the eruption taking place on the mucous membrane of the larynx, trachea, and bronchi, causing a swelling of the bronchial ganglia. The vomiting of the disease is also due to this cause. He states that an enlargement of the bronchial glands due to other causes produces a convulsive cough analogous to that of pertussis.

HÆMORRHAGES OF PERTUSSIS.—According to Henry Rodger, hæmoptysis is exceedingly rare in children, the blood being furnished by the nose, mouth, or pharynx, but almost never by the pulmonary organs.

Hæmorrhage of the mouth comes next to epistaxis in point of frequency. The blood may come from the gums or from an abrasion of the mucous membrane of the cheeks or tongue, and sometimes from the pharynx and nasal fossæ.

The bloody foam expectoration is produced by the intimate mixture of the blood with bronchial mucus that has become aerated by repeated concussions.

As to pseudo-hæmatemesis in pertussis, a careful examination of the nasal fossæ will always show that an epistaxis has existed. The blood passes from the posterior nares into the stomach, and is afterward vomited. Hæmatemesis is an exceptional complaint in children and is scarcely ever met with, except in some very rare cases of purpura.

ULCERATION OF FRÆNUM LINGUE IN PERTUSSIS.—Among the various phenomena observed in whooping-cough, much attention has been drawn of late to the appearance of small ulcers occurring on one or both sides of the frænum linguæ. These ulcers were first written upon in Germany, in 1844, and ten years later in France and Italy.

In Ziemssen's *Encyclopædia of Medicine* we find it stated

"that if pertussis is severe, we shall not fail to find, in the majority of cases, an ulcer on one or both sides of the frænum linguæ, less often on the upper surface of the tongue."

Dr. Elliot, of England, found this ulceration in twenty-five per cent. of his cases, and according to his observations, it occurs oftener between the ages of one and four years. These ulcers are of a grayish color, and are excavated. They usually appear between the second and third week of the disease, and disappear as the spasmodic stage of the disease subsides. His opinion is that they are of follicular origin. In some of the worst cases they were absent.

Dr. Wm. McCall, Surgeon to the Clinical Hospital, Manchester, states that he did not find the ulceration in any case which did not prove to be pertussis. Out of 252 children suffering from pertussis, in whom, without any selection, the condition of the frænum linguæ and adjacent parts were noted, the ulceration was found in 111, or about forty-four per cent. In the great majority of the cases (*i. e.*, in 105 out of 111), it was situated on the front of the frænum, and its presence in another situation was usually associated with some irregularity of the teeth. In three of the exceptional cases, the ulceration existed on the under surface of the tongue, at the side of the frænum; in one of these the central lower incisors were absent, and in another they were stunted; in the third the condition of the teeth was not noted. In another case where these teeth were set widely apart, and the right was more prominent than the left, the ulceration appeared only on the right side of the frænum. In the remaining two cases it existed under the tip of the tongue, anterior to the frænum, the teeth being normally placed. One child presented, in addition to the ordinary affection of the frænum, a longitudinal abrasion on the dorsum of the tongue, corresponding with two decayed and rough upper incisors.

He disagrees with Dr. Elliot as to the cause of the ulceration, believing it due to a mechanical origin, caused by the tongue being protruded, during which the frænum is subjected to a sawing motion upon the lower teeth.

Dr. McCall observes that, in hundreds of children examined by him, who were suffering from whooping-cough and who had not yet cut any teeth, he did not find any ulceration, in this respect differing from Dr. Elliot. He also found that this symptom was present in no other cough, and hence where found was characteristic of this disease.

This ulceration was met with and written upon by other observers also.

Dr. Robert Cory, Assistant Obstetrical Physician to St. Thomas's Hospital, in the space of two years noticed the ulceration in 32.14 per cent. of his cases, which is greater than that of Dr. Elliot's, but somewhat less than that of Dr. McCall's. He has never seen it where there were no teeth.

WHOOPING-COUGH AS A CAUSE OF SPINAL CARIES.—In the *Transactions of the Medical Society of Philadelphia* for 1873, Dr. Benjamin Lee records five cases in which symptoms of spinal caries were developed during the convalescence from pertussis. The author thinks that they afford evidence of a peculiar type of spinal deformity resulting from inflammation produced by the violent succussion of the intervertebral disks from the muscular contraction in the spasmodic cough of pertussis, aided, perhaps, by dyscrasia resulting from the combined action of the poison in the blood and its deterioration in consequence of the impairment of nutrition from the rejection of food.

The author suggests that the convalescence of pertussis should be carefully watched with reference to the spine, and that, if necessary, some simple support should be furnished.

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### THE TREATMENT OF WHOOPING-COUGH.

BY GEORGE T. PARKE, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

THERE is perhaps no disease which has proven more difficult to treat, and called forth more so-called specifics, than whooping-cough. But one after another these specifics have failed to give the result desired, until those who have relied upon them have cast them aside, deciding that the cough must run its course, and contented themselves with palliation.

Homœopathy offers in place of a specific, an individualized remedy, which promises, if properly selected, to effect a cure.

In no affection of childhood is it more necessary to adhere to the wisely chosen remedy, for the tendency to recur is so strong, and the liability to cold so great, that a withdrawal of the medicine before the case is thoroughly cured, may be followed by a recurrence of all the symptoms.

From among the many remedies recommended and proven by experience the following stand out most prominently:

*Naphthalin*.—A product in the preparation of coal-gas, recommended by Von Grauvogl\* for asthma and emphysema,

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\* A. H. Z., 93, 18.



has been used with curative effect in whooping-cough, with no special indications; its use being suggested by the fact that many cases of cough are benefited by inhaling the fumes at the gas-works.

*Ovalate of Cerium*. \*—Highly recommended by allopathic authorities as beneficial in vomiting of pregnancy; has also been successfully tried in the convulsive stage of whooping-cough, the dose being from one-half to three grains, taken in the morning, fasting, the remedy quieting the cough and relieving the paroxysms in two or three days' time.

A writer in the *Lancet*† gives as his experience that Atropia given in  $\frac{1}{120}$  grain doses, administered in the morning, will cure the most violent case of whooping-cough; administering it, and getting the best results under the conditions which would call for Belladonna; that is, cough paroxysmal, worse in the evening on retiring; claiming a cure in from two days to as many weeks.

*Castanea Vesca*.—Dr. T. S. Dunning reports that an infusion of the leaves of the common chestnut, *Castanea vesca*, has cured several cases, with no special indications, except it was given as soon as the whoop developed.

*Bell*.—Given low has produced decidedly favorable results when the symptoms call for it; *i. e.*, cough worse on going to bed, paroxysmal; child gets red in the face; eyes congested; moans or starts in sleep; cough during sleep.

*Ipec*.—Child coughs until it gets blue in the face; cough loose, causing gagging and vomiting of phlegm; loose rattling of mucus in the chest.

*Coccus Cacti*.—Hard cough, often with vomiting of tough, stringy, white mucus; face swelled, especially in the morning.

*Mephitis*.—*Convulsive stage*: attacks very violent; vomiting of food. Suits nearly all cases in the convulsive stage.

*Cup. Met*.—Cough so violent that the child becomes completely exhausted, and falls over as if dead; face blue or black; rattling of mucus in the chest between the paroxysms; child wants cold water, and seems relieved by it. *Convulsive stage*: more or less spasm of the glottis.

*Corall. Rub*.—Patient coughs until completely exhausted; very weak; worse at night; minute-gun cough through the day, increasing toward evening to a violent paroxysm.

*Arnica*.—Cough worse at night; child cries as if it dreaded the attack; coughs until the blood gushes from the nose and mouth; grasps at the body as if to hold it.

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\* Medical Record, July 19th, 1879.

† April 12th, 1879.

*Nux Vom.*—Dry, hard cough, worse in the morning, about four; may bleed at the nose or mouth during the paroxysm; pain in the umbilical region; gagging; constipation.

*Kali Bi.*—Violent rattling cough; choking cough with expectoration of viscid, stringy mucus, that can be drawn out into long strings; burning in the trachea and bronchia.

*Bry.*—Cough worse in the evening or at night, or after eating or drinking or from slight motion. Mucus brownish; stitches through the chest; constipation; irritable; dry, cracked lips. Has cured when there was profuse bleeding from the nose, mouth, and ears with every coughing spell.

*Cina.*—Child has symptoms of worms, boring and picking the nose. Becomes stiff during the paroxysm. Cough worse from talking, laughing, running; pale face with blueness around the eyes.

*Ars.*—Great prostration, with waxy paleness and coldness of the surface of the body; expectoration of frothy mucus; frequent suffocative spells; cough worse from cold water.

*Cham.*—Cough and vomiting more frequent *during* meal-time; child is fretful, wants to be carried.

*Caust.*—After getting better the cough makes no farther improvement, but remains a hollow dry cough.

*Drosera.*—Few paroxysms of cough before midnight, when it becomes violent. Well-developed whoop-cough, ceasing in the morning or before noon.

*Verat.*—After every coughing spell the child falls over exhausted; so weak that it cannot hold the head up; cold sweat on the forehead; may have hectic fever.

*Hepar Sul.*—Cough seems complicated with croup; worse toward morning; croupy cough; danger of choking from the cough.

*Phos.*—Much hoarseness, nearly loses the voice from coughing.

*Merc.*—Double coughing spells separated by an interval of perfect rest; profuse night sweats; bleeding from the nose or mouth with every paroxysm.

*Squilla.*—Cough worse in the morning; paroxysm ends with sneezing or discharge of urine; profuse coryza; nose and eyes full of water.

## CLINICAL OBSERVATIONS ON CYCLAMEN EUROPÆUM.

BY THOMAS SHEARER, M.D., BALTIMORE, MD.

(Read before the Maryland Homœopathic Medical Society.)

THE *Cyclamen Europæum*, or sow-bread, is a native of the South of Europe and Tartary, and is cultivated in gardens.

The leaves are radical, angular, somewhat heart-shaped, three inches long, of a deep-green color above, and a reddish-purple underneath; flowers drooping, purplish, sweet-scented. After the flowers have fallen off the flower-stalks curl spirally, inclosing the germen in the centre, and lowering it to the earth, repose on the surface of the soil till the seeds are ready to escape. The root, which is gathered in the fall, contains the active principle and yields a brownish tincture. This drug, says Hempel, from whose work on *materia medica* the above description has been derived, is a violent drastic irritant. Bulliard, in his history of the poisonous herbs of France, states that the fresh root, in a dose of two drachms, in a decoction of half a glass of water, caused violent vomiting and purging in a robust man. In the northern parts of France, where this plant is abundant, it is employed frequently as a purge, but is often followed by violent vomiting, sometimes of blood, with cold sweats, singing in the ears, swimming of the head, and convulsive movements. The original proving is in the *Materia Medica Pura*. "The only constant and remarkable actions of *Cyclamen*," says Hughes, "are upon the head and eyes and upon the female sexual organs, in this respect very closely resembling *Pulsatilla*." But in his *Characteristic Materia Medica* he classes *Cyclamen* among the cerebro-spinal irritants. Through it the female sexual organs and gastro-intestinal canal are especially affected. On the head it produces sudden stupefaction, severe vertigo, dull pressing headache, obstruction of sight, and dilatation of the pupils. On the generative organs of women it causes profuse menstruation, blood black and lumpy, and attended with severe labor-like pains.

Guernsey gives as characteristics: Menorrhagia, with stupefaction of the whole head and obscuration of sight, as if a fog were before the eyes. Scanty, painful, or suppressed menstruation, with headache, vertigo, swollen eyelids, pale face, lips, and gums, loss of appetite, no thirst, and palpitation of the heart. Suppression of the menses, with melancholy, dizziness and headache, desire to be alone; weeping does her good; swelling of her eyelids, lips pale, violent action of the heart, loss of appetite and constipation. It is impossible to read these symptoms without being struck with the close resemblance of this remedy to *Pulsatilla*, of which it is a congener. Dr. Eidherr, in the *North American Journal of Homœopathy*, vol. x, p. 113, in an article on the therapeutic properties of *Cyclamen*, says that he found it very efficacious with blonde, leucophlegmatic subjects, in whom, besides retarded, sup-



pressed, or scanty menstruation, or complete chlorosis, there were disinclination for any kind of labor, fatigue from slight causes, continued sleepiness, and chilliness all over the body, which no amount of covering would relieve, but with this chilliness a constant desire for fresh air.

I have thought it well, even at the risk of being tedious, to point out the close resemblance of these twin remedies, and to remark that in many cases of chlorosis, characterized by symptoms similar to those we have just enumerated, and where Pulsatilla is strongly indicated, but fails to relieve, as it has often done in my hands, although given in both high and low dilutions, we will find the Cyclamen a most reliable remedy. I have always obtained good results from the 30th. Before dismissing this subject of comparison I would add that although prescribing Pulsatilla every day for the various conditions and disturbances for which it is recommended, I am compelled to acknowledge that no remedy has given me less satisfaction, and I shall be happy to hear the opinions and experiences of others in regard to it. In vertigo arising from gastric disturbance in thin, pale, anæmic subjects, with constipation, with or without menstrual irregularity, Cyclamen claims the very front rank, and may be depended upon.

In catarrhal headaches I have found it exceedingly efficacious, making a decided change also in the character of the secretion. Several cases, indeed, have been entirely cured by it, when given persistently in the 30th dilution. But in these cases I consider the presence of vertigo as an important indication for the remedy, and never prescribe it if that symptom is absent. A glance at the proving of Cyclamen will show at once its power to irritate the cerebrum. In Allen's *Materia Medica* we find under Head,—confusion and vertigo, confusion of the head and obscuration of vision, great confusion of the head in the evening with vertigo. Vertigo as if she were going down a mountain; vertigo: if on standing still he lean against anything, it seems as if the brain were moving in the head, or as though he were riding in a wagon with his eyes closed, etc. We might go on giving page after page to show its power to produce vertigo, but the above must suffice.

The following case is interesting as demonstrating the curative action of Cyclamen:

Mr. H., aged twenty-eight, 5 feet 10 inches high, with fair skin and auburn hair, and weighing 158 pounds, came to my office, January 8th, 1880, to consult me in reference to his eyes. He complained of not being able to see

at night, although his sight was perfect during the day. As soon as it began to grow dark his power of vision diminished with the light, compelling him to hurry home, and on more than one occasion, when unavoidably detained, he experienced great difficulty in finding his way. Hemeralopia or night-blindness is characterized by a state of vision in which the patient sees well during the early part of the day, or when objects are brightly illuminated, but imperfectly towards night. Dr. Angell remarks that it is a purely functional disease of the retina, in which no changes are observable with the ophthalmoscope. The distinguishing characteristic of the disease is a torpor of the retina, so that a bright light is required in order to stimulate it sufficiently to receive distinct impressions of objects; hence by night the patient's sight is unusually bad. In high grades of the affection, the patient is unable to distinguish even large objects towards the close of the day. The time of the day has no significance, as the name of the affection would indicate; for by a bright artificial light he sees as well by night as if no affection of the eye were present. Hemeralopia is not always equally developed in both eyes, the patient being able sometimes to discern objects with one eye and not with the other. The chief predisposing cause of this affection is an impoverished state of the blood, in consequence of which the nerve elements of the retina are insufficiently nourished. The exciting cause is prolonged exposure to intense and unaccustomed light. Both of these conditions are present with our soldiers and sailors in warm latitudes.

We also find that the greatest number of hemeralopes are individuals whose constitutions have become impaired by severe illness, or whose general constitution has become debilitated. It is often met with in conjunction with malarial fevers, and the ill-fed and badly housed peasants in the South of Europe and Central America are subject to it. Sailors affected with scurvy are often subjects of it. The treatment consists in rest, protection of the eyes from bright light, and such constitutional remedies as are necessary for the restoration of the general health. My patient was subjected to a most rigid examination in order to discover some cause for his troublesome affection. He had not been exposed to bright light, as it first showed itself in December; his general health was perfect,—never felt better in his life, to use his own language. Several remedies were prescribed for him without benefit. Belladonna<sup>6</sup>, Gelsem.<sup>30</sup>, each prescription lasting two weeks, as the patient lived some distance in the country and could not make it con-

venient to come oftener. On the fourth visit he reported himself no better, but if anything worse, for, in addition to being as blind as a bat at night, he now complained of distressing vertigo, which came on as soon as it became dark.

I determined at once to prescribe *Cyclamen*, feeling sure that it would remove the giddiness, should it do nothing more. I gave a two-drachm vial of No. 30 pellets, saturated with the 30th of the remedy,—six pellets to be taken three times a day,—to report in two weeks. On his next visit he reported the vertigo relieved after six doses of the medicine; and although there was no marked improvement in the night-blindness, if there was any change it was for the better. In the meantime a chronic catarrhal discharge, which he had had in a mild form, became very much aggravated, and a copious discharge of thick yellow mucus flowed from his nose; but, as I had relieved similar cases with *Cyclamen*, I did not think it necessary to change; moreover, I rather suspected that he was suffering from *Cyclamen* catarrh, instead of the bad cold of which he complained. The medicine was requested to be taken twice daily until finished. In about four weeks he reported great improvement in his sight. Another prescription, to be taken once daily, was all that was required, for on his next visit he assured me he could see quite as well at night as he ever could. I have seen him several times since, and he continues to have the full use of his eyes on all occasions.

This case is an anomalous one, from the entire absence of any known predisposing or exciting cause, and its entire relief by *Cyclamen*, a remedy I have never seen recommended for that purpose.

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### PSORIASIS.

BY THOMAS S. DUNNING, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

PSORIASIS is one of the squamous skin eruptions. It is a form of inflammation of the cutis in which the exudation, if any, is not sufficient to raise the epidermis into vesicles, but destroys it, leaving it as shining scales upon the inflamed spots. It is not contagious, nor is it dependent upon parasites. Henry Hartshorne says: "No disease of the skin is so hard to eradicate, unless it be ichthyosis."

A number of predisposing and exciting causes are given in the books, but they are of the usual general character that may be true of more who escape than who have the disease.



The elbows and knees are the favorite seats of the eruption, whence it may spread to any part. The face, however, is rarely involved except upon the border of the hairy scalp. The white glistening scales which first appear may be overlooked, but the scratching having removed them, reveals dusky-red spots, from the size of a pin's head, up. These increase in size, and new scales form upon them, gradually thickening and assuming almost a mother-of-pearl lustre. As the spots enlarge they coalesce and produce different forms, whence the many names: *P. punctata*, when but a pin's head in size; *guttata*, when of the size of a lentil up to a silver half dime; *nummularis*, up to the size of a nickel; *diffusa* or *conferta*, when running into large patches; *annularis*, when from healing in the centre or the primary arrangement the ring form appears; *gyrata*, when these rings interfere and produce serpentine forms. In fact, in a case of *P. inveterata* all of these forms may appear.

Psoriasis is a constitutional disease, either scrofulous or syphilitic. If the idea which has been advanced, that scrofula is but the effect of syphilis filtered through a number of generations, has even the semblance of truth, it is not surprising that most of the forms of chronic skin eruptions are found in either dyscrasia. The more probable fact seems to be that the scrofulous diathesis is the parent of them all, while syphilis only acts as an exciting cause, as scarlatina, measles, or small-pox might act, and then imprints upon them its own type.

The typical form, with thick nacreous scales, is very seldom met with in private practice, because the surface is kept too well cleansed. The roundish spots, first appearing of a dusky red hue, with more or less of these scales upon them, and the absence of any moisture, distinguish this trouble from eczema. The well-defined spots and greater redness and the thicker scales distinguish it from pityriasis. Ichthyosis is less common, has thicker scales, and the skin is thicker, rough, and harsh. Above all, it is congenital.

The so-called *P. palmaris* is an eczema when diffused. When circumscribed it is syphilitic. It "begins with small round or oval callous spots of a pale-red or yellowish color." When the thickened cutis has been removed, "the copper-colored infiltrated cutis is exposed to view surrounded by concentric circles of dried epidermis. This circle enlarges, while sometimes the centre begins to heal or covers itself with a coat of horny cuticle." Other syphilitic forms are known by their darker color, thinner scales, less itching, and above all their history.

Both local and constitutional treatment is recommended by some of the old school, while others rely only upon one or the other. Niemeyer says: "Psoriasis must always be treated locally and with the most energetic remedies," as "green soap, tar, Corrosive sublimate, and Sulphur preparations." He, however, admits that Fowler's solution will cure. Others add to these Chrysophanic and Pyrogallie acids externally, and Antimony, Phosphorus, and Chlorate of potassa internally.

Homœopathic indications:

*Ars. iod.*, dry, scaly, burning, itching eruptions on various parts; obstinate chronic eruptions; *tinea furfurans*.

*Clematis* has an eruption moist and dry alternately. Eruption on neck and occiput.

*Mezereum*, scurflike fish-scales on back, chest, scalp, and thighs. Roughness and scaling here and there. *Rupia*-like scabs and vesicles.

*Mercurius*, herpetic spots and suppurating pustules, forming dry and scaly spots or crusts, and acrid discharges. Round, coppery-red spots showing through the skin; skin chafed; syphilis.

Tillie R., aged 9 years, several years ago, after chicken-pox had an eruption on the body and hairy scalp. Child has light hair, very dry and harsh. The father and mother both have varicose veins. Mother subject to eczema rubra. Others of the family have had eczema.

About two years ago the case came under my care, but then there was much of an eczematous combination. It was soon better, mainly under *Rhus tox.* and *Calc. carb.*

In March last the case again came into my hands. I found the scalp matted one or two lines thick with white scales, held together by a little sebaceous matter, giving an asbestos-like mass among the hair, but not cutting it off or causing baldness. The microscope, magnifying three hundred diameters, revealed no spores or filaments of fungi, but only epithelial cells and detritus.

Down the back of the neck to back, and down arms to elbows and wrists, were roundish spots of a slightly reddish hue, covered with scales; these spots running into each other here and there, but no moisture anywhere unless the cutis was torn by scratching. The itching was at times severe, but not often so. The eruption was found in a less degree on the legs and breast, but not on the face.

The scalp was softened with glycerin and water, and washed with castile soapsuds at first, later with soft soap, and still

later with soda bicarb. Internally Mezereum 3<sup>r</sup> was given for a month with some little effect; then Calc. carb.<sup>30</sup> for nearly the same time for general symptoms, and because it had helped in somewhat the same condition two years before. The result was negative.

June 8th Ars. iod. 4<sup>r</sup> was given several times a day. The effect was marked from the start. In two weeks the whole surface was clearer, and was healing. The same remedy was continued for six weeks at long intervals, then omitted for two weeks. By this time, August 2d, the skin of the arms and back was clean and free from marks, being soft and pliable as an infant's. Soon the scalp was clean also. I gave them medicine for any return, fearing she was not yet quite well. They neglected it, and there are again some patches on the scalp, but the body remains perfectly free, and the general health is first rate. She has just begun with the same remedy again.

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### ON THE ETIOLOGY OF TYPHOID FEVER.

BY CLAUDE R. NORTON, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

DURING the latter part of January, 1879, an epidemic\* of typhoid fever occurred at Caterham, England, forty-seven persons being attacked during the first fortnight. Careful investigations being at once made as to the cause of this outbreak, the following was revealed: The system of sewage could not be considered responsible, because the houses in which the cases occurred were not connected with any one line of sewers; some houses had water-closets connected with the sewer, in others the connection was with a cesspool, and still others had ordinary privies. Nor could the sickness have been engendered by contaminated milk, for no fewer than five dairies supplied the milk to the families attacked, and in two instances cows were kept at home. Consequently, it was thought that the water-supply of the town would furnish a solution of the question as to the origin of the epidemic.

The town of Redhill, situated eight miles distant, but supplied with water from the same source as Caterham, was found to have a similar epidemic at this same time, there having been ninety-one out of the ninety-six persons already sick in the first fortnight who obtained their water supply from the mains

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\* Editor of British Medical Journal, Braithwaite's Retrospect, Part 80, p. 23.



of the Caterham Water-works Company, and of the forty-seven sick in Caterham forty-five resided in houses supplied with water from the same water-works. It was further learned that at the Caterham Lunatic Asylum, with two thousand inmates, and the Caterham Barracks, occupied by five hundred soldiers, not a case of fever had occurred, nor did one occur during the whole course of the epidemic. Both of these places were furnished with water from a deep well.

It then became quite evident that the water supply of these towns was at fault, and the health officer, pursuing his inquiries, learned that, early in January, a workman employed about the company's mills, from which the water supply came, had suffered from what further investigation made out to be a mild form of enteric fever, which was accompanied with copious diarrhœa. He kept at his work for two weeks or more, and it is unquestionably the fact that some portions of his passages must have found their way into one of the wells, for just fourteen days from the time this man was first taken sick with the diarrhœa, the first cases of typhoid fever made their appearance in Caterham and Redhill. Subsequent to the date first mentioned the epidemic continued to spread, and up to the end of February there had occurred in the two towns and in other places supplied with the same water three hundred and fifty-two cases, with twenty-one deaths.

Another instance: Otto Schmidt,\* a resident of Syracuse, New York, attended the Centennial Exhibition. He went home on the 4th of September, and on the 8th inst. was taken ill with what was soon pronounced typhoid fever. Dr. Van de Warker, who reports the history of the epidemic, describes at length the situation of the group of houses in which the cases occurred, their water supply, systems of drainage, etc. Suffice it to say, that on the 20th of September there was a severe rain-storm. The privy-vault on the premises of Otto Schmidt into which his evacuations had been emptied was filled to overflowing by the rain, and either by this overflow (for the ground about the well showed signs of the passage of such material), or by percolation, the water in the well became contaminated. Fourteen days later, on the 4th of October, a case of typhoid fever occurred in a house, the occupants of which drew their drinking-water from Otto Schmidt's well. Other cases appeared within a short time in other houses, until a total number of seventeen cases had occurred, of which three died. Every household

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\* Popular Science Monthly, February, 1879, p. 514.

that obtained water from the Schmidt well had one or more sick with enteric fever, but the rest of the neighbors, though their hygienic surroundings were in nowise superior, escaped without a single case of the fever. A most careful inquiry into this series of cases fails to reveal any other possible cause than the disease-polluted water from the Schmidt well.

Again: A most remarkable epidemic of typhoid fever took place in Switzerland, in 1878. It is reported by Dr. Walder.\* A choral festival was held, which was attended by about seven hundred people. Two public meals were given on the day of the festival, and of those who partook of them nearly five hundred were taken ill, some within a day or two, but more on the fifth or sixth day, and some still later. They all presented to a greater or less extent, the symptoms of typhoid fever. A number of cases of secondary infection took place among those nursing the sick or otherwise brought into contact with them. The post-mortem results, as shown in several instances, permit of no doubt as to the disease having been typhoid fever. "We now come to the probable source of infection of those persons who took part in the festival at Klotue. The greater part of the meat eaten on this occasion was supplied by the village innkeeper, who was also the village butcher, and all of it (veal, pork and beef) had been pronounced by a professional inspector perfectly healthy, with the exception of forty-three pounds of veal, which were sent from a butcher at Seebach two days before the festival, and had not been examined by the inspector. The calf from which it came belonged to a peasant. It was only a few days old, and was probably only killed because it was certain to die very speedily from illness. It would not suck, it lay on the straw, cried out when touched as if in pain, and at the last kept lowing loudly. The evidence that the flesh of this calf caused the epidemic is very strong. Not only the partakers in the feast, who ate this particular veal stewed with the other healthy meat, were attacked, but families which took no part in the feast, and in which the children had had meat and sausages given them by persons who could not get through what was served out to them, suffered. The lungs of the above unfortunate calf were sold to a lady at Serbach, and the brain to the clergyman of the parish. Three persons who dined off the lungs made into a stew were taken "ill exactly like the members of the choir, and the clergyman's family was similarly affected." The evidence that the epi-

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\* Braithwaite's Retrospect, Part 79, p. 27.

demic was caused by eating this particular calf's flesh is strengthened greatly by the discovery a little later by Dr. Wakler that two calves had been infected with typhoid fever germs, their probable source being the evacuations of a man, suffering with enteric fever, who attended to the cattle during the early part of his sickness, and who unquestionably passed some diarrhœic stools in the neighborhood of the animals. "A post-mortem examination of one of these animals showed intense swelling of the Peyer's patches throughout the whole of the small intestine, but especially in the lower part, with swelling of the retro-peritoneal and mesenteric glands. The spleen was enlarged." "Another case in which a calf was almost certainly infected by a human being occurred later on. Here a bucket which had been used for washing the viscera of two patients who had died of typhoid fever, and on whom a post-mortem was made, was soon after filled with water for the calves to drink, and it seems probable that some blood which remained on the outside was licked up by the calf, or else it was transferred to the stockings of the cow-boy, which the animal was in the habit of licking. After an incubative period of exactly ten days the calf was taken ill, and it was killed four days later. The pathological changes were exactly the same as in the other case, and, microscopically, the calves' intestines in both cases were indistinguishable from a human intestine in the same stage of typhoid fever."

From the evidence presented by these epidemics, as well as by others, especially those due to infected milk, of which there are quite a number recorded, it seems impossible that there can be any doubt as to the fact that typhoid fever is conveyed by means of the specific germs contained in the intestinal discharges of the sick, or through the flesh of animals affected with the disease. It would further appear that the poison exists in a condition which is termed particulate. These disease germs appear to possess, in common with those incident to other contagious diseases, a vitality of exceeding strength, provided they happen to meet with certain favorable surroundings. Witness the following, related by Dr. von Gietl: "To a village free from typhoid, an inhabitant returned suffering from the disease, which he had acquired at a distant place. His evacuations were buried in a dunghill. Some weeks later five persons, who were employed in removing dung from this heap, were attacked with typhoid fever; their alvine discharges were again buried deeply in the same heap, and nine months later one of two men, who were employed in the complete re-



removal of the dung, was attacked and died." Dr. Murchison gives an instance in which six cases were spread over an interval of eight years. Dr. Budd writes: "I once knew a laborer's cottage which remained vacant nearly two years, in consequence of nearly every inmate of it having contracted typhoid fever. At the end of that time it was re-tenanted, and three weeks had scarcely elapsed before several of the new inmates were simultaneously seized with the same fever. The cottage stood alone in a secluded spot, and there was no fever in the neighborhood at the time of the second attack." Still other cases of the long continuance of the virulence of typhoid fever germs might be recited, but those presented are sufficiently positive.

The question as to whether typhoid fever ever arises spontaneously is still an open one, but the strongest evidence is against the theory. The fact which has been shown, that the germs of the disease possess such vitality, is sufficient to explain many supposed cases of spontaneous origin; and the further facts, that persons suffering from the early stages of the disease are usually able to be about, attending to their occupations, and that some cases of enteric fever are so mild as not to necessitate confinement to the house, show that such persons may spread the germs of the fever over a large section of country, if they are travelling from place to place, and that the source cannot be suspected. Again, the period of incubation of typhoid fever is known to vary largely, though it is usually about fourteen days.

Dr. Budd refers to cases in which the period of incubation could not have been longer than four or even two days, and another author mentions an instance where the incubation stage was most certainly a month. These variations introduce another serious source of error into the calculations of the believers in the spontaneous origin of the fever; but the most potent reason for rejecting this theory appears to lie in the fact that there may be, for years, all the conditions apparently requisite for the spontaneous origin of enteric fever, and yet no fever appears, until, as is highly probable, some chance adds the germs of the disease as another factor. Then the fever first shows itself, as shown in the following instances: \* "Choked-up drains and decomposing sewage exist in abundance in many places in all parts of the country, and for long periods together, without giving rise to enteric fever. It would be easy to give

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\* Dr. Collie, Braithwaite's Retrospect, part 79, p. 24.

numerous instances of this; but better could not be found than the outbreak of 'fever' in the Westminster School and Abbey Cloisters in 1848, and that of the Peckham Police Station in 1857, referred to by Dr. Murchison (*Continued Fevers*, 2d edition, pp. 473-74). In the former 'it was found that the disease (enteric) followed very exactly in its course the line of a foul and neglected private sewer or immense cesspool, in which fecal matter had been accumulating for years *without any exit*, into which the contents of several smaller cesspools had been pumped immediately before the outbreak of the fever. This elongated cesspool communicated by direct openings with the drains of all the houses in which it (the fever) occurred.' In the latter it was found that an accumulation of sewage 'had been going on for years' underneath the passage adjoining the room where the policemen sat, and where they had complained of the 'dreadful odors.' It would, then, seem evident that sewage decomposition, *per se*, cannot be the cause, or, at least, cannot be the efficient cause, of enteric fever, otherwise it would surely have shown itself earlier at Westminster and Peckham. Had the enteric fever appeared at a comparatively early period of these accumulations, and continued during these accumulations, now ceasing and now reappearing with changes of residents,—in other words, if the disease, like the sewage, had existed more or less continuously for years, and had disappeared with the existence of the accumulated sewage,—then, we think, there would have been reason to regard such accumulation and disappearance in the relation of cause and effect."

"The best evidence of the inefficacy of sewage decomposition to produce enteric fever is that of the Thames in 1858-59, recorded by Dr. W. Budd. 'For the first time in the history of man, the sewage of nearly three millions of people had been brought to seethe and ferment, under a burning sun, in one vast open *cloaca*, lying in their midst. Stench so foul had never before polluted this lower air, river steamers lost their accustomed traffic, and travellers, pressed for time, made a circuit of many miles rather than cross one of the city bridges.' 'With all this condition of the Thames,' says Dr. Letheby, 'the health of the metropolis has been remarkably good. In the corresponding period of last year (1857) the cases of fever, diarrhoea, and dysentery attended in the city by the medical officers of the unions amounted to 293 of the former and 181 of the latter; but during the past quarter (*i. e.*, the quarter of the intolerable stench) there were only 202 of the former and 93 of the latter.'"

The large cities in China present, apparently, in their conditions of filth, overcrowding, and bad water-supply, all the requisites for typhoid fever epidemics, and yet the cases of the fever are very few, and do not begin to compare in number with those of our large cities.

To sum up, in a few words, the substance of this paper, it may be said: First, that typhoid fever is self-propagating, and, second, that some other condition besides filth accumulation or decomposition is requisite to produce a case of typhoid fever. What that condition is, in the absence of the germs of the disease, I am unable to say. Can the believers in the spontaneous origin of the disease answer?

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### VERATRUM.

BY C. F. NICHOLS, M.D., BOSTON.

HOGARTH'S picture of the allopaths consulting, represents them with their wise heads together. The result of their wisdom is that the patient must die *ex cathedra*. When a desperate state of disease has been thus officially announced, then occur opportunities for laurel-winning; we may add, opportunity for generous acknowledgments on the part of those who have failed to relieve.

In August, 1877, several "leading" physicians succeeded in pushing a case of abdominal typhus into narcotism, and joined in a fatal prognosis. The patient, a boy, aged five years, lay on his right side. He was excited, loquacious; answered sometimes clearly; again, irrelevantly; delirious talk or moaning. Kicked off the bedclothes. Head hot, feet and body cool; liked cool water on his head. Skin dry; red spots came and went on the abdomen and nape. Abdomen full but not hard. Since taking morphine and chloral, abdomen insensitive. Stool had been painful, but is now painless, clay-colored, thin, copious, frequent. For ten days has been vomiting everything at once, but is hungry while nauseated. Thirst sudden and occasional. Tongue dry, thickly coated, white, papillæ project; mucus on mouth and on teeth, sticky, dark. Gave *Verat.*<sup>200</sup>, in water, every two hours.

August 10th.—Talkative, petulant. Weeps; hunger; nausea only before and with stools, the latter frequent in the evening. Chilly on awaking. At 5 P.M. trembling, then cold externally, from hips down. Distress in the abdomen, especially on the left; sensitive to pressure across the abdomen. Craves ice; constant thirst. Face pale, eyes bright.



August 11th.—Constant nausea, hunger and thirst; tongue moist, clearing on the edges. Stools less frequent; a green, brown paste. Cold sweats; skin cool; blue fingers. Awakes frightened; wakeful in daytime. Abdomen occasionally tympanitic, then sinks after flatus is evacuated.

*Verat.* was discontinued (perhaps it had been used too long). The patient progressed slowly to health.

Like many other cures by a remedy homœopathically chosen, this change, with its aggravations, did not look like an accident, nor appear to be merely the result of expectant treatment. Here, in Boston, *Veratrum*<sup>em</sup> was given, just where the *N. E. Gazette* and the allopaths are opposing such things. Shall we suppose that *more* narcotic doses would have changed the aspect of this desperate case *because* it was desperate? Or would two or more part-potentized drugs, given in alternation, have been likely to do more than the single vitalized remedy?

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### CASES FROM PRACTICE.

BY PARIS G. CLARKE, M.D., UNADILLA, NEW YORK.

MARCH 8th, 1880. Mr. —, 45 years old, a farmer, of sandy complexion and nervous temperament, has headache if he sleeps on his back. It will continue all the next day, and until he sleeps again. The pains are over and through the eyes; sleep is poor; past events pass through his mind. Awakens at 1 A.M., and remains awake for some time, then sleeps again, and feels badly when he awakes in the morning. Seems as if dark-colored objects were floating sideways before the eyes. Stomach full after eating a little; has to loosen the clothes. Belches wind, and often has a taste as of rotten eggs. In the evening has trembling, weak feeling; better from eating a little. Diarrhœa if he works hard. Offensive stools in the morning, hurrying him out of bed. Sharp griping before stool. Weak after stool. Burning and smarting when passing water. Suffers with cold feet, and with foot-sweat. Slight injuries to any part cause dark spots. *Podophyl.*<sup>30</sup> helped the diarrhœa. But Sulphur, 30<sup>m</sup>, followed by four doses of *Lycopod.* 36<sup>m</sup>. cured.

December 1st, 1879. Mr. —, 78 years old, has had chronic diarrhœa for twenty years. At times would be some better, but was never entirely well. Has tried everything he heard of, and now is taking Morphine, which gives temporary relief. He has not had a formed stool for the past six months.

Eating makes him worse. Desire for stool, he must hurry. Discharges come away with force. Feels weak after stool. Is very much prostrated, has trembling of the limbs and pain in the back. It is with quite an effort that he comes up the steps to my office. Says he cannot go out on an errand without having to call at a neighbor's to relieve himself. This afternoon he took a dose of Morphine. A few doses of Nux vom.<sup>cc</sup>, followed by Podo.<sup>30</sup>, cured.

December 4th, 1879. Mr. —, 68 years old; tall; stoops; of untidy habits; body smells. Has been sick for many months, and has taken large quantities of many drugs. The following were his symptoms: great pain every time he passed water, causing cold sweat to start out on the forehead. Passed but little at a time, and every hour. Could drink but little, as it aggravated his trouble. Often had to resort to the catheter. Sometimes what appeared to be clear mucus passed from the bladder in large quantities. This, when allowed to remain in the vessel for a few hours, turned yellow. Urine deep brownish-red. Marked soreness over the bladder. Sensation as if the bowels would drop down when stepping. Bowels constipated. Was in the habit of taking a cathartic every other day. Tongue coated yellow. Weak, unable to work. Gave Nux vom.<sup>cc</sup>.

December 9th, bowels regular, and is somewhat stronger, but not much relief as regards urinary difficulty. Gave Sulphur<sup>cc</sup>.

December 14th. This time he reports marked improvement in every respect. One dose of Sulph.<sup>cm</sup> cured.

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#### FLUXION DILUTIONS.

BY ELDRIDGE C. PRICE, M.D., BALTIMORE, MARYLAND.

IN an article entitled "Our Materia Medica," which I read at the last annual meeting of the Maryland Homœopathic Society, and which will be published in the January number of the *New York Homœopathic Times*, I state that to make the 100,000th potency of a drug, the shortest time required is exactly 34 days, 17 hours and 6 minutes; I also ask, "How many drugs have reached this attenuation?"

I think I can safely say, none.

Dr. S. A. Jones has most satisfactorily proved that fluxion preparations are simply dilutions—not potencies or dynamizations—lacking entirely the friction element, which is essential

to the proper subdivision of matter, or, as others say, the development of the subtle force which exists in high potencies. Accepting whichever theory we please, we must acknowledge that friction is necessary to the potentization of drugs. Without it, many molecules of the menstruum are not brought in contact with those of the drug.

A drug simply diluted to any degree we may choose, is therefore not a *potency*, unless friction has been applied in each degree of the process.

Again, Dr. Jones has shown that a moderately high fluxion preparation does actually contain as much drug substance as a very low Hahnemannian preparation. The reported cures by very high fluxion dilutions are, therefore, really produced by either, 1st, the patient's imagination, or, 2d, infinitesimal particles of drug substance that happen not to have been washed out of the fluxion apparatus, and are analogous to particles found in the low Hahnemannian preparations.

Such statements being facts, it is worse than useless for us to trifle with these pseudo-potencies. They are only calculated to mislead and create erroneous impressions. Furthermore, we are guilty either of ignorance or wilful perversion of truth, when we publish cures of cases by fluxion dilutions, with intent to create an impression that these preparations are real *bona fide* potencies.

I do not believe a single genuine 100,000th Hahnemannian potency has ever been made; and the idea of a 1,000,000th, or 100,000,000th potency is preposterous. In case any skeptical mind should think of attempting to prove me wrong, by making such potencies, I will state before he begins, that to make the 1,000,000th potency requires 347 days, 3 hours, and to make the 100,000,000th potency the manipulator must devote 95 years, 2 months, 2 days, and 12 hours to the task. This is at the rapid rate of 3 potencies per minute, working 16 hours *every* day in the week, and sleeping  $6\frac{1}{2}$  hours, and allowing  $1\frac{1}{2}$  hours per day for meals. Such a statement will not apply if a *perfect* potentizing machine is ever invented, but it will always apply to hand-made potencies.

Fluxion potencies are therefore shams; and physicians who use them should know their character, and if they will publish cases of cures from their use, let them state distinctly that the remedies used are fluxion dilutions.

We have sufficiently efficacious Hahnemannian potencies without resorting to such artifices, and the sooner we are rid of them the better.



I have made the above remarks after reading the article of Dr. C. F. Nichols,\* upon "Gettysburg Salt in Rachitis," not as a criticism nor as an answer to it, but simply as a commentary excited by reading such a list of mythical potencies.

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### VENTILATION.

BY E. M. HOWARD, M.D., CAMDEN, N. J.

IN the June number of the *HAHNEMANNIAN MONTHLY*, Professor Dudley has a very suggestive and valuable paper upon the "Ventilation of Public Assembly-rooms." After showing conclusively the total failure of all systems yet in use, he suggests a solution of the problem by a system which shall admit the warm air at the top of the room, and remove the cooler or respired air from apertures near the floor. This plan suggests to me some difficulties as well as some thoughts upon this very vital subject, which I offer in the hope of provoking further discussion and investigation. If our rooms and buildings were perfectly air-tight, with no doors or windows to be opened, the subject of ventilation would be more easily disposed of. But we cannot shut out the influence of outside currents, not even with the double windows which Dr. Dudley suggests. Strong currents of air will make their influence felt through thick brick walls. This fact is easily illustrated by the familiar experiment of blowing out a candle by forcing the air through a brick held between the candle and mouth. It is also well known that it is impossible to carry a heated column of air to any great distance from a heater in a northerly direction, even in a cemented cellar, a fact which can only be explained by the influence of the prevailing winds felt through the thick walls. These facts demonstrate the necessity of recognizing the existence of currents of air in all apartments, caused by outside influences. To these currents we must add those which are necessarily produced by the opening and shutting of doors, the breathing of persons in the room, which in a crowded audience is a very important disturbance, and the moving of objects in the apartment, such as the waving of fans in an audience, etc. All of these influences would operate just as strongly against Dr. Dudley's plan as they do against other systems now in vogue.

The problem of ventilation *cannot* take as its basis an apart-

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\* *Hahnemannian* for December, 1880.

ment filled with air in a perfectly quiescent state. This has been the mistake of all past theories, and explains to a great degree their failure.

The problem is presented to us with the essential conditions of an apartment containing air in rapid and ceaseless motion, in varied and multiform currents. The problem is also complicated by the wonderful diffusibility of gases, which allows a more or less perfect admixture of pure and impure air.

Again, in any system of heating the difficulty is to warm the lower strata of air sufficiently. The old maxim, "Keep the head cool and the feet warm," must be realized if possible. This is a difficulty not yet overcome in our churches with inclosed pews. Whatever might be accomplished in improved ventilation by admitting air from the top of a room there would certainly be defective heating.

It seems to me that the reason we have not been more successful in our attempts at ventilation is that we have tried to do two things at once, to heat and ventilate with the same apparatus. The problem is a dual one and stands like this :

*First*.—Given an apartment fully ventilated, how can we best maintain a uniform temperature the year round?

*Second*.—Given an apartment with adequate apparatus for maintaining a uniform temperature, how can we best keep a pure atmosphere?

My suggestion then is : *First*, that we refer to the problems of heating and ventilation and work out each independently ; *second*, that we seek for some chemical method of removing the carbonic acid from respired air. Why should we not bring chemistry to our aid in ventilation ; we have used chemical means successfully in the disinfection of sick-rooms. The difficulty caused by the diffusibility of gases will be most easily overcome by chemical means. I believe we must seek in this direction for perfect ventilation.

Since the above was written the journals have published the successful trial of a diving apparatus upon this principle, the carbonic acid being removed by a solution of soda, enabling the diver to cut loose from all surface pipes and live for hours under water with a small supply of oxygen, and subsequent experiments would seem to indicate that the same plan could be used successfully in tunnels, mines, and buildings.

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## Miscellaneous Contributions.

### APOMORPHIA.

BY DR. LEMBKEN, RIGA.

Translated by S. Lilienthal, M.D.

IN the first number of the 101st volume of the *A. H. Z.* Apomorphia is praised in seasickness, and perhaps it might be found equally useful in the vomiting of pregnancy.

It recommends a powder of Apomorphine, sixth decimal, and we are sorry not to see it stated whether it means sixth trituration or dilution after the third trituration, or whether No. 1 was prepared as a fluid, or whether it means Apomorphine or a salt from the alkaloid; for many difficulties are inherent to this drug. Its preparation is troublesome, takes a great deal of time, gives only about 5 per cent. of the morphine used, and, what is worse, it decomposes during its preparation; it oxidizes and loses in strength the longer the decomposition lasts and the longer the drug is in contact with the air. Dr. Vincent Siebert shows all this in his dissertation and report, 1871. Its physiological effects he studied on frogs, cats, and dogs, and he also proved it on himself and four other medical students. He used Apomorph. mur. subcutaneously in a solution of 0.010 gram to 1 cc. water. At 0.020 gram to 1 cc. a heavy drop of diluted Muriatic acid must be added in order to get a clear solution.

Siebert injected himself subcutaneously with 0.005 gram, which caused transient nausea, heaviness of head and a disagreeable sensation in the præcordial region.

At 11 o'clock and 34 minutes he injected 0.015 Apomorph.; pulse was then 72; it rose immediately to 78.

11.40; 94, heaviness of head, red face.

11.41; 100, disagreeable sensation in præcordial region.

11.42; 114, small, soft; injection of conjunctiva, lachrymation.

11.44; 102, decided nausea.

11.46; 96. Up to 11.55 inclination to yawn; slight heaviness of extremities.

11.55-12; 84, then 76.

12.05; 72.

12.15; feels well, except some dulness of head.

An injection of 0.025 caused decided vomiting.

The other four provers received subcutaneously 6 milligrams,



7 milligrams, 10 milligrams, 30 milligrams. Very soon nausea, red face, dulness of head, depression, sleepiness, sensation of weakness, increase of pulse. Vomiting followed, mostly after fifteen minutes, once or several times. They soon recuperated. 45 milligrams subcutaneously from a preparation which caused vomiting with 15 milligrams, had no other effect.

Per os, 60 milligrams caused in a male after fifteen minutes, nausea and increased pulse by eight beats; next day the same man felt after 100 milligrams ( $1\frac{1}{2}$  grains), decided nausea and the other symptoms; the pulse rose from 60 to 100 after fifteen minutes, but no vomiting; this only appeared after an hour, the subject having taken some whiskey. In other cases 15 milligrams ( $\frac{1}{4}$  gr.) showed its effect.

Apomorphine failed to act on frogs. Subcutaneously used on cats it frightens them after one or two minutes; after three or four minutes they become restless, wild, frightened, pupils dilate, they jump and salivate; after ten to twenty minutes, copious vomiting, after which they become quiet. 80 milligrams subcutaneously, act, only somewhat quicker. Dogs, with 1-35 milligrams subcutaneously injected, show always the same effect. After four minutes, vomiting several times, and after half an hour as lively as ever. After 60-100 milligrams, vomiting after three minutes without nausea, but immediately after the first vomiting the dogs seem to be frightened, anxious, run about in a circle, nearly always to one side; this lasts for about an hour, then gradually decreases, and finally they are as lively as ever. Subcutaneous injections were given daily to a dog for four weeks; finally 100 milligrams; copious vomiting for an hour, and after an hour more he was as lively as ever.

Given to cats per os, 80-120 milligrams, it produced only nausea; 20 milligrams to a poodle, slight nausea; the same dog vomited regularly after 1 milligram subcutaneously.—*Allg. Hom. Zeit.*, No. 7, 1880.

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#### THE INTERNATIONAL HOMŒOPATHIC CONVENTION OF 1881.

TO THE EDITORS OF THE "HAHNEMANNIAN MONTHLY."

GENTLEMEN: I shall be much obliged if you will allow me, through your pages, to bring before our colleagues the following outline of the probable business of the approaching gathering.

On Tuesday, July 12th, after the President's address, the reports from the different countries as to the history of Homœopathy for the last five years and its present condition

therein will be before the meeting ; and discussion will be held on the best modes of improving our position and the furthering our cause.

On Wednesday, the 13th, the Institutes of Homœopathy and Materia Medica form the subject of the day ; on Thursday, the 14th, Practical Medicine and Gynæcology ; on Friday, the 15th, Surgical Therapeutics, Ophthalmology, and Otiatries. From the papers under these headings received or promised, the following topics present themselves for discussion, and have been (provisionally) adopted as a programme.

*Wednesday.*—1. The selection of the remedy, with special reference to individualization and generalization. 2. Alternation. 3. The relative value of clinical and extra-clinical evidence as to the efficiency of infinitesimal doses.

*Thursday.*—1. Homœopathy in hyperacute diseases, dysentery, cholera, yellow fever, and in hyperpyrexia. 2. The possibilities of medicine in cancer. 3. The treatment of affections of the os and cervix uteri.

*Friday.*—1. The treatment of iritis, simple and syphilitic. 2. The place of homœopathic medication in ear diseases.

It will be observed that the subject for discussion under the head of Surgical Therapeutics remains a blank. Upon this branch of our science *we want papers*. It is not so with the others. We should not refuse fresh essays, if they were worth acceptance ; but we have no need to invite them. Our object in publishing the above information is to invite debaters on the various topics. It will be remembered that the essays are not to be read at the meetings, but printed beforehand and furnished to any one who applies for them with the intention of taking part in the discussion on their subjects. I shall be glad to receive the names of all such as soon as may be convenient, and will see that they receive in good time the papers belonging to the matter they select.

I am, gentlemen, yours very faithfully,  
(For the officers of the Convention,)

RICHARD HUGHES, M.D.

36 SILLWOOD ROAD, BRIGHTON,  
February 5, 1881.

## HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE stated meeting of the society was held on Thursday evening, February 10th, 1881, in the hall of the Hahnemann Medical College ; Dr. E. A. Farrington in the chair.

The Committee on the Hering Memorial, through John C. Morgan, M.D., chairman, submitted the following report, which was adopted and the committee discharged:

"Whereas, Owing to the imperfect advertisement of the Hering Memorial meeting, many have been debarred the privilege of expressing their sentiments concerning the deceased; therefore,

"Resolved, That the County Society ask of the Memorial Publication Committee the privilege of forwarding for incorporation in the proposed volume, such papers as may be presented through the Secretary of our society."

On behalf of the editors of the proposed Memorial Volume, Dr. Mohr stated that any papers prepared in accordance with the above resolution would be welcomed by them, and duly incorporated in the book. He referred also to the circular that had been issued, asking for subscriptions to defray the expense of publishing the Memorial Volume, and suggested that members of the society show their interest by subscribing liberally.

The Standing Committee on Organization, etc., to whom the *Physicians' Protective Register* had been referred, reported that they had declined to formally indorse the *Register*, it being gotten up solely as a private enterprise by the publisher, and they did not believe the society should assume any responsibility. They believed, however, the compilation would prove useful, and were ready to give the publisher all necessary information respecting the place and year of graduation of the Philadelphia Homœopathic physicians. Report was accepted and the committee's action indorsed.

The censors reported favorably on the applications of Drs. Eduardo Fornias and Levi J. Knerr, and these gentlemen were duly elected to membership.

Applications for membership were then made by Drs. Richard C. Allen, Silas Griffith and J. Cresswell Lewis. Referred.

The Bureau of Clinical Medicine, etc., A. Korndorfer, M.D., chairman, then presented a report with papers on the Treatment of Pneumonia and Small-pox. The report and papers were duly accepted and referred for publication.\* A discussion then ensued, and at 10.30 P.M. the society adjourned, after the President had appointed C. R. Norton, M.D., chairman of the Bureau of Clinical Medicine, etc., for the coming year.

\* The report and papers, with discussion thereon, will appear in the next issue of the Hahnemannian Monthly.



THE  
H A H N E M A N N I A N  
MONTHLY.  
A HOMŒOPATHIC JOURNAL OF  
MEDICINE AND SURGERY.

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*Editors,*

E. A. FARRINGTON, M.D.      PEMBERTON DUDLEY, M.D.

*Business Manager,*

BUSHROD W. JAMES, M.D.


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Vol. III.

Philadelphia, Pa., March, 1881.

No. 3.

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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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**Editorial.**

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THE CONSULTING PHYSICIAN.—No relation of physicians with physicians calls for a nicer discrimination, in points of etiquette, than that of consultation.

The consulting physician is usually master of the situation. His mind, not being so disturbed as that of his solicitous and wearied predecessor, is free to weigh calmly the problem he is called upon to aid in solving. Moreover, he has the advantage of a retrogressive view of a case, which his colleague could not, of course, perfectly foresee. He has also the inestimable advantage of a review of the several medicines employed, and may see by the results wherein their choice was imperfect; or why, though well selected, they failed to cure. It is exceedingly difficult for the physician asking advice, to so far rid himself of the concern which failure has engendered, as to step out and view his patient in the light of these advantages which a fresh mind so readily employs.

Another vantage-ground of the new doctor is the confidence which his presence calls forth. The anxious friends of the sick are too apt to forget the arduous labors of the regular attendant, and now look with renewed hopes to him whose reputation has led to his special summons.

He should, therefore, be very circumspect in look, act and word. Quite likely he will notice something in the previous management of the case which exhibits carelessness, or perhaps ignorance. Particularly will this be so if he views it with the skilled eye of a specialist. Let him be very careful, then, to reserve all comments for the private interview. His colleague's reputation is at his mercy. If he sacrifices it, whether thoughtlessly or maliciously, he is unworthy of confidence. The patient demands his best endeavors; but, at the same time, he must not so conduct his examination as to parade his skill in glaring contrast with that of the other physician.

On the other hand, the physician seeking advice owes a certain courtesy to his counsellor. He should never strive, after the interview, to credit himself with that which was suggested by the other, or in any other way to endeavor to protect himself to the disparagement of the consulting physician. The most common method is probably to inform the family or other interested parties, that nothing new was suggested; or that the previous plan of treatment was approved and continued. It lies within the privileges, if not the duties, of the counsellor to extend such a courtesy to the other physician; but the latter must be exceedingly careful how he proceeds on his own responsibility.

The consultation over, the patient is still regarded, of course, as the client of the regular attendant. But if the family or the patient should prefer the services of the other, no ill feeling between the doctors should arise. The one dismissed should regard his defeat as one of the inevitables of his peculiar occupation, the practice of medicine. Physicians are in a measure subject to the caprice of their clients. Preferment does not always depend upon skill, but frequently upon the feelings and notions of patients, and all that one can do is to strive to perform his duty to the best of his ability and leave results to work out his fate. If the unostentatious skill of the consulting physician is recognized by the friends of the patient as superior to that of the former attendant, the choice is theirs and they must be permitted to make it.

In some localities which we have visited, when a patient changes his physician, it is a beautiful custom for the one dismissed to volunteer any information as to remedies, etc., which will aid his successor in the future conduct of the case. We hope there may be something contagious in this custom, which will spread until it becomes at first epidemic, and then forever endemic.

THE ANGLO-AMERICAN ORGANON.—The editor of the "*Organon*" announces the discontinuance of that journal, giving as his reasons the impossibility of devoting further time and attention to it without serious risk to his health and interference with other duties. Our readers will remember the recently published intimation that the *Organon* would be suspended unless it should be more liberally sustained. Its untimely demise brings more lessons to the managers of homœopathic journals than to the profession at large; and those of us who are intrusted with such responsibilities will do well to take the emphatic hint, that a certain kind of matter may form spicy reading, and yet not be the kind that homœopathic physicians, as a rule, are willing to spend much money upon. The editor-in-chief of the *Organon*, Dr. Skinner, has exhibited so much energy as a worker, so much ability as a writer, and so much independence as a thinker, as to secure him a host of friends and admirers. It is to be hoped that he will continue to be a frequent contributor to our homœopathic literature.

OVERCROWDED.—We are somewhat straitened to find room for all the good matter that is flowing in upon us. A considerable amount of material is on hand awaiting publication, and we must ask our contributors to think as generously of our delays as possible. Will those who prepare articles for us, do us the favor to make them as *compact* as possible?

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## Notes and Comments.

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THE MOST PAINFUL IGNORANCE is ignorance of one's own ignorance. *Exc.*—What an enormous amount of dreadful suffering is thus explained!

"AND YET HOMŒOPATHY IS LOSING GROUND."—*N. Y. Medical Record.* Allopathy, on the contrary, is *gaining* "ground" in certain localities,—Greenwood, Laurel Hill, etc.,—and planting it with epitaphs.

A RADICAL SUGGESTION.—One of our allopathic exchanges, discussing the propriety of modifying the code of ethics, suggests that it should be made to conform to the Golden Rule. If this rash counsel should prevail, what will become of that section of the code which contains two covert lies against homœopaths, and requires allopathic physicians to let a patient die, rather than take counsel with a believer in the law of similars?

THE EDUCATIONAL BENEFACTIONS received by American institutions of learning in 1878, amounted to \$3,103,289. Of this magnificent sum the medical schools of the country received \$8762,—less than three-tenths of one per cent. The cause of *medical* education is not very near to the heart of the average philanthropist. Men will give millions to erect and endow hospitals, but not much to keep people out of them.



## New Publications.

**MEDICAL HERESIES HISTORICALLY CONSIDERED.** A Series of Critical Essays on the Origin and Evolution of Sectarian Medicine, embracing a Special Sketch and Review of Homœopathy, Past and Present. By Gonzalvo C. Smythe, A.M., M.D. Published by Presley Blakiston, Philadelphia, 1880.

The first ninety-five pages of this interesting book treats in detail of "heresies" from the "Mythological Age" down to the failure of the Brunonian system, about the close of the last century. On page 96, however, the author begins an investigation of that great "heresy" homœopathy, and devotes thereto the remaining 122 pages of his book.

Such a bias shows at once that Dr. Smythe appreciates the strength and magnitude of the "illusion" he would disprove; and, at the same time, reveals his chief and probably only object in issuing his book on *Medical Heresies*.

In the investigation of new truths it is essential that the inquirer should follow, implicitly and faithfully, the course and directions which the discoverer has designated. So self-evident is this, that it should be accepted as axiomatic.

Has Dr. Smythe observed this first essential to an honest and successful investigation? We aver not. He has, indeed, made numerous quotations from homœopathic literature; but he has utterly failed to deduce their consistent meaning, and has, in some instances, perverted their import. And why? Because he has neglected to drop his old-school notions, and step out with the illustrious man he would denounce and view with him the magnificence of his new discovery. Hahnemann urged his readers to do as he advised, and *then* judge of the validity of his claims. Has Dr. Smythe followed these directions? We answer emphatically, No. Homœopathy was born of experiment. Its theories were secondary in origin and altogether subordinate in importance. Dr. Smythe presents nothing controversial of the practical value of homœopathy, for his whole argument consists in rebuttals of deductive homœopathic doctrines; such as the dose, totality of symptoms, etc. All these rebuttals are estimated from an allopathic standpoint, and hence are futile. Against his criticism stands the experience of thousands of reputable physicians, and the hearty indorsement of millions of thankful clients. Which is to be heeded?

But let us look into the subject more particularly. Dr. Smythe charges that Hahnemann, having gone too far to recede, "was compelled to move forward, but had to add a new principle; and thus came about high dilutions and triturations . . . medicine could not be prescribed in sensible quantities in accordance with the law of similars; hence the attenuations followed. . . . Having been forced into high dilutions and triturations, and recognizing the absurdity of treating the material pathological changes . . . with such attenuated remedies, was compelled to manufacture an attenuated pathology." (See pp. 101, 102.)

Hahnemann was not compelled to move forward merely because he had

gone too far to recede. A firm conviction of the truth urged him on. Experimental tests with officinal doses of Belladonna taught him that such quantities were too large; so, again *experimenting*, he diluted them. To his astonishment, very minute proportions produced aggravations, and thus was he led to the *experimental* study of one of the greatest facts ever discovered in medicine, namely, the fact that *substances reduced to their minutest subdivision produce effects hitherto unknown, and often entirely different from the crude properties of the same.* What is there theoretical about such a course? Where is the evidence of compulsion to sustain a previous illusion? Every step is the lawful and rational progress of induction. Dr. Smythe, if he would play the critic, must first bring evidence that he has followed the same process and proved it false. Then he will be listened to. But we opine his task will prove a herculean one.

Having possessed himself of this great truth of the potentization of medicaments, Hahnemann, in the light of a new day, looked down upon the crude pathology of his times and saw at once that it was chaos when compared with the drug-effects which his new system promised. Then he adopted his theory of dynamics. But, let it be remembered, he never reasoned from theory to practice, but *vice versa*. So the criticism of his facts, *all of which he deduced from experiment alone*, is one thing, and the criticism of his theories another. Dr. Smythe has blended the two with considerable confusion.

Dr. Smythe objects to the potentization of drugs. But since this doctrine was deduced from trials, why does he not bring evidence of its practical inefficiency? Assertions prove nothing. His attack is made chiefly from an allopathic standpoint, and so is unfair and inefficient. He may heap his so-called arguments mountain high, and the practical investigator will still say: "But they do act."

But, on his own ground, we consider his argument inconclusive. Will Dr. Smythe assert that because the microscope fails to reveal molecules in the attenuated drug, that, therefore, it ceases to be and ceases to act? And yet this seems to be his position, notwithstanding science acknowledges other states of matter which the lens cannot discover.

Dr. Smythe says: "It is an interesting calculation to determine the exact number of strokes required to carry one drop of a mother tincture up as high as the 1000th potency;" and then says: "The tenth dilution will be contained in 1,000,000,000,000,000,000 vials with 12,000,000,000,000,000,000 strokes!" We advise the doctor to call upon some homœopathic pharmacist and take an apprentice's lesson. He will then soon learn that only *one* vial is needed for each potency, and 144 strokes for the 12th, that is, 12 for each potency. Suppose, for instance, he desired to potentize Aconite. Into a vial containing 99 drops of alcohol he puts one of the tincture of Aconite. He then succusses this vial 12 times. Into a second vial containing 99 drops he pours one drop from this first bottle. This he shakes 12 times. Of this he uses one drop for a third bottle, and so on. This is the practical side.

Dr. Smythe, indeed, mentions this method of procedure on pages 107 to 110 of his book; and yet, on page 149, he says: "The second dilution will consist of 100 vials and 1200 strokes. In the third dilution we will have 10,000 vials with 120,000 strokes." And so on. But since we only use one drop of each preceding potency to add to 99 drops of alcohol to make the succeeding potency, all his calculations concerning the quadrillions of years needed for the manufacture of the 30th potency are inapplicable. And this is the method of discussing the fallacy of homœopathy "according to the ordinary rules applied to scientific investigations!" (See page 97.) We feel constrained to answer Dr. Smythe in the negative, when, on page 153, he exclaims: "Can it be that the fool-killer has visited this planet since Hahnemann proposed this theory?" else how could Dr. Smythe have escaped thus long?

Another doctrine of Hahnemann, against which Dr. Smythe directs his thunder, is that of the totality of the symptoms.

Symptoms, subjective and objective, were produced on the comparatively healthy by attenuated drugs. In applying these, wherein lay the similarity? Not in the pathological *name*, but in the resemblance of *all* the symptoms of the patient to *all* those of a remedy. And as each case displayed some symptoms more prominently than others, so was it essential that the drug selected should display, similarly, its prominent effects. Hence loomed up the fact that *all* the symptoms must be considered, that a picture of the individual case might be clearly made. Now, symptoms are the evidences of disturbed functions. Let any reasonable man answer, what can be more analytically perfect than the determining of every subjective and objective change of function and tissue; and what can be more synthetically perfect than the construction of a pathological whole out of such particulars? Is the arbitrary limitation of the pathology of to-day more perfect? As Hahnemann truly said, we cannot tell how the vital forces act and how they are affected by disease; and we cannot find the occult causes of disease. But he never said, as our author leads us to infer, that the *visible* causes were of no account. "Tolle causam" was his advice. Let our critic remember that "totality," so far from forbidding a thorough investigation, demands it. The "totality" is secured when physical diagnosis, observation of all abnormal actions and appearances, the recording of subjective phenomena, etc., have been employed and not before. Therefore, the homœopath analyzes the urine, auscultates the chest, notes the enlarged liver, as does the allopath. But it is a necessary deduction from a practice founded on immutable law, and a practice founded on *experience*, we repeat, if he applies strict rules in judging of the relative value of the symptoms making his totality. And it is no wonder if his estimate differs widely from his less systematic brethren of the fault-finding school.

To us scarlatina is as genuine a disease as it is to the allopath. We acknowledge its characteristics and know its usual course. But rather than generalize, we prefer treating each case or each epidemic *de novo*. We see peculiarities which stamp the case before us as individual. Are we less



scientific, less accurate, less rational, if we take account of what our senses teach us? To the mere generalizer these refinements are unnecessary, but to him who fits totality to totality, who deals with forces which are active in the finest particles of this wonderful machine, the human body, they become all-important.

Hahnemann's doctrine of psora is also assailed. Let us see how this doctrine came into existence. During a period of ten or more years, while Hahnemann was enjoying an immense practice in Paris, his astute powers of observation led him to see a practical—excuse the repetition of this word, but it is needed—a practical difference, we say, between remedies. Some relieved permanently, others only for a time, and then failed when repeated. What did all this mean? Pursuing his usual method of investigation, he examined thousands of cases, and finally saw that those drugs which induced an action surfaceward, from more to less vital parts, cured thoroughly and permanently. Hence was conceived the thought that allopathy had succeeded in checking diseases which it pretended to cure, had “driven them in,” to speak plainly; and those drugs which brought about an opposite direction of symptoms acted curatively. The prevalence of itch, and the records of evil effects following its suppression, led to the publication of his psora theory.

Although the subsequent discovery of the *sarcoptes hominis* revealed the parasitic character of the itch, it in no degree detracted from the value of the truths upon which the psoric theory was founded. We do not hesitate to affirm that serious results follow the topical treatment of itch now, as they did a century ago, and that thousands of patients are suffering to-day from the treatment of this and other skin affections by external medication. And this we reiterate, despite the contrary assertion of prominent dermatologists in the old school. And we do so because homœopathic remedies have repeatedly demonstrated the fact.

Potentized drugs are not spirit separate from matter. This is impossible in the physical world. They are matter so subdivided that their inherent force, which is spiritual, acts less incumbered and more potently. Hence Dr. Smythe's strictures fall to the ground. Neither does he prove aught against the dynamic theory when he presents statements concerning the correlation of forces, the amount of force depending upon the amount of material agencies brought into play, etc. The force evolved by a dynamized remedy (that is a remedy reduced to the finest subdivision, *not* one gifted with a *new* power by potentizing) is one which is effective when the drug is introduced into the system. Its effects are studied there, and no doubt arises from its acting upon the finest particles of the body.

There is one portion of Dr. Smythe's book which we wish we could fully answer. We refer to his telling quotations from dissenters within our ranks, who are writing against potencies, against the universality of our law, and in favor of amalgamation with the old school. We say telling quotations, because they exert a more disastrous influence than though they were the utterances of one who did not pretend to believe in homœop-

athy. The worst foes are those of one's own household. But we feel confident that Dr. Smythe is wrong in his predictions, for these dissenters cannot destroy homœopathy, or hasten its end. Truth may be abused, but it will ultimately triumph. And it is not altogether fair to blame homœopathy because of the inability of some to comprehend it. F.

CLINICAL THERAPEUTICS. By Temple S. Hoyne, A.M., M.D.; Vol. II, Parts IX and X, with title-page and index. Chicago: Culver, Page, Hoyne & Co. 1880. Price, \$2.

This is a paper-covered book of 243 pages, containing, as the concluding remedies of Volume II, Apis, Arg. met. and nit., Aranea, Asarum, Arum tri., Aurum, Baptisia, Berberis, Bismuth, Borax, Bovista, Bromine, Cactus, Calc. phos., Calendula, Cannab. sat., Capsic., Carbo a., Cina, Coffea, Colehic., Coloc., Coral. rub., Creas., Crocus, Crot. tig., Cyclam., Digital., Dolichos, Dulcam., Euphras., Fluor., Glon., and Helleb.

In compiling his work, Dr. Hoyne has diligently searched the literature, of homœopathy from 1840 to 1880. The reader will find the symptoms grouped under pathological names. For the better understanding of the text, numerous cases from practice are interpolated. Volume II contains no less than 1410 of these clinical cases, carefully selected and duly accredited.

How far we can rely upon clinical additions to our *Materia Medica* is difficult to decide. But that they should not be entirely rejected is proved by the fact that many of our indisputable indications are derived from this source.

We think then that a work like the one under review should be in the possession of every homœopath, that he may test its contents, and compare such of its contributions as are purely clinical, with the original provings. Frequently he will find that what the prover presented obscurely, is elaborated in clinical experience, and its true import determined. Such symptoms, however, as are foreign to the genius of a drug, or dispute those obtained on the comparatively healthy, should be set aside.

But there is another use which Dr. Hoyne's book performs, containing as it does, well-confirmed symptoms, clinical symptoms, and cases cured. It becomes an index of the results of forty years of homœopathic practice in all countries and climates. The reader thus becomes informed of the published thought of the profession. He is enabled to compare his own views and his own successes with those of his colleagues, near and remote. The advantages of such an investigation are immeasurable. They contribute to the development of that breadth of mind which alone can lift him from the ruts of routine, and place him among the wise and useful members of his noble calling. F.

A TREATISE ON THE PRACTICE OF MEDICINE. By Roberts Bartholow, A.M., M.D., LL.D. Published by D. Appleton & Co., New York.

It would seem that works on practice were sufficiently numerous to render any addition superfluous. So we were inclined to think when we received the work of Dr. Bartholow. Some excuse we recognized when we saw that

it was offered as a sort of companion to his book on *Materia Medica*. When, however, we looked over it, we were struck with its peculiar appropriateness for the hurried physician and the book-ridden student. The pathology, symptoms, etc., of diseases are given with commendable terseness and in a bold, emphatic way, which renders the book just the one needed. We are not an allopath, and so care nothing for the treatment proposed; but from our information concerning old-school methods we are satisfied that Dr. Bartholow speaks from a practical knowledge of which the mere theoretical bookmakers know nothing. We commend here, too, the positive, but not at all pedantic, way in which the author relates the "best treatment." It does not leave the reader in doubt as to the course to be pursued. Right or wrong, it gives the physician no alternative but to try and abide the results, or reject *in toto*. The homœopathician will find much of interest in this book, even though he knows that his own natural system of cure is all-sufficient so far as the treatment of diseases goes. F.

DIAGNOSIS AND TREATMENT OF EAR DISEASES. By Albert H. Buck, M.D., New York City, Aural Surgeon to the New York Eye and Ear Infirmary; Instructor in Otology in the College of Physicians and Surgeons in the City of New York. New York: William Wood & Co., 27 Great Jones Street. 1880. Pp. 411.

The author of this work has drawn extensively upon his hospital and private experience for the material which he has so ably brought together upon a branch of medicine which is every year receiving more and more attention at the hands of American and foreign specialists.

The contents of the work include the following chapters: Sketch of the Physiology of the Organ of Hearing; Examination of the Patient; Diseases of the Auricle; Diseases of the External Auditory Canal; Methods of Examining the Middle Ear; Diseases of the Middle Ear (Non-purulent Forms); Diseases of the Middle Ear (Purulent Forms); Fractures of the Temporal Bone; Diseases of the Mastoid Process; Miscellaneous Conditions of the Drum-membrane, Ossicles, and Tympanic Cavity; Different Forms of Aural Disease, in which the Labyrinth is believed to be involved; Index. B. W. J.

THE MEDICINAL TREATMENT OF DISEASES OF THE VEINS. By J. C. Burnett, M.D. London, 1881.

Readers of the *Homœopathic World*, and all others familiar with Dr. Burnett's style, will appreciate how interesting is this little brochure of his on the veins. Practical, terse, true. The student can nowhere else glean so much information on the subject treated. The practitioner can nowhere else find better indications for a hurried study of a case of varicose veins or of hæmorrhoids. F.

VICK'S FLORAL GUIDE comes to us this year in a new dress. Handsome it was before, now even more so. Its cuts of flowers, leaves, vegetables, etc., are accurate and beautiful.

Judging from the pictures of "Vick's Seed House," as well as from its description, it is just the place to send for seeds, herbs, etc. F.



## Gleanings.

**TREATMENT OF CARBUNCLE.**—Schueller, in carbuncle, makes a crucial incision, scrapes away the diseased connective tissue from beneath the flaps with a sharp spoon, then uses disinfection and applies antiseptic dressing and drainage, with usually a curative result in a few days.

**INTERNATIONAL CONGRESS FOR THE ABOLITION OF STATE REGULATION OF PROSTITUTION.**—At a meeting of this Congress in Genoa recently the following resolutions were adopted: 1. Everything relating to prostitution must be made subject to the common law of each country. 2. All legal guarantees of personal liberty must be equal for the two sexes. 3. The law must not provide or tolerate any official recognition of prostitution as the status of a social class. 4. The law must not sanction or tolerate any violation of the rights possessed by every woman over her own person. 5. The law must not allow imprisonment, except upon a judicial sentence, passed in open court, upon evidence on oath or affirmation of a legally defined offence, and after full opportunity of defence for the accused. 6. All policemen, when performing executive duties, must be in uniform. 7. All officers of the law must be fully responsible for all their acts before the ordinary courts. And the Congress rejects every regulation of prostitution, whether established by the state, by the commune, or by any other authority.—*New York Medical Record.*

**SOMETHING NEW IN THE ETIOLOGY OF STERILITY.**—Charrier, of Paris (*Bull. Gén. de Thérap.*), considers sterility often due to "an acid condition of the uterine and vaginal mucus, which may be proved directly by the use of litmus-paper. This condition is an absolute prevention of conception, because the spermatozoa die immediately. Accordingly, if the woman's mucous secretions give an acid reaction she continues sterile." The success so often known to follow the use of alkaline spring-water for sterility is mentioned as confirmatory of Charrier's opinion.

(*The vaginal mucus is always distinctly acid, the secretion of the cervix being distinctly alkaline. Hence if the acidity of the vaginal mucus can cause sterility, it would be interesting to learn how fecundation is possible in any healthy woman, except when the male element is deposited directly within the cervix uteri.*—Eds. II. M.)

**EPITHELIOMA OF THE RECTUM.**—*Removed after a New Plan, without Injuring the Sphincter Ani. Recovery.*—J. C—, aged sixty-four, married, was admitted into St. George's Hospital, in May last, with an epithelioma of the rectum, of about six months' growth, situated on the left side of the bowel, about one inch above the anus. The growth was flat, sessile, of about the area of half a crown, and limited to the mucous membrane and the sub-mucous tissue. The deeper parts were apparently not involved. On June 17th Mr. Rowse removed the growth in the following manner: A curved incision, an inch and a half in length, was made, just outside to the external sphincter, and parallel to the outline of that muscle. The skin was then dissected up outwards for a short distance, so that the outer circular fibres of the sphincter were exposed. The muscle was then drawn over towards the middle line. By introducing the finger into the rectum, the growth was pressed into the external wound, and was then cut out, together with that part of the wall of the rectum to which it was attached. In this way an opening, about the size of a half-crown, was made through the bowel. After the closure of the skin wound, but a small cavity could be felt, corresponding to the former situation of the growth. The hæmorrhage was slight.—*London Lancet.*

## News, Etc.

**REMOVAL.**—F. F. Marsh, M.D., has removed from Claremont, New Hampshire, to Wareham, Massachusetts.

**HONORS TO PROFESSOR LISTER.**—The Royal medal of the Royal Society has been presented to Professor Lister, for his antiseptic improvements in surgery.

A "CONTAGIOUS FEVER" is prevailing among the inmates of the Camden County poor-house at Blackwoodtown, New Jersey. Some fifteen or twenty deaths are already reported.

**NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.**—The class of the present session in this institution numbers one hundred and sixty-five students. Of this number, sixty will apply for graduation.

**HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.**—The annual commencement of this college will be held at 12 o'clock, noon, on Thursday, March 10th, in the Academy of Music. The Valedictory will be delivered by Professor O. B. Gause, M.D.

THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY will meet at *Brighton Beach* (and not at Long Branch, as announced in the circular) on the days of the session of the American Institute of Homœopathy, viz.: June 14th to 17th inclusive. Those desiring information should address the Secretary, Dr. F. Park Lewis, of Buffalo, N. Y.

**HOMŒOPATHIST APPOINTED.**—Dr. Francis W. Boyer, of Pottsville, Pa., has been appointed physician to the county prison. Dr. Boyer is well and favorably known as one of Pottsville's most successful medical practitioners. He was a member of the '68 graduating class of the Medical Department of the University of Pennsylvania, and of the class of '69 of the Hahnemann Medical College, of Philadelphia.

THE HISTORICAL VOLUME OF THE WORLD'S CONVENTION TRANSACTIONS is issued and has been sent out. The editor of the volume, Dr. Joseph C. Guernsey, desires us to say that if any one entitled to it has failed to receive a copy, they will please notify him at 1923 Chestnut Street, Philadelphia. We shall present a careful review of the book in our next issue. Its editor is entitled to a hearty vote of thanks for pushing his work so rapidly forward, and that too during an unusually busy season of practice.

**HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.**—The Transactions of this Society for 1880-81 (vol. xvi) will be ready for delivery about April. It will contain from four to five hundred pages, and will include a large number of valuable papers upon important subjects, many of them prepared by physicians of eminence in the departments to which the papers belong. The volume can be obtained of the Treasurer, Dr. E. S. Coburn, of Troy, N. Y. Price in paper cover, \$1.50. In cloth, \$2.

THE ANNALS OF ANATOMY AND SURGERY begins Volume III with the addition of articles on surgery. It has also made changes in its editors. We were always pleased with the *Annals*, and see no reason to change our good opinion after perusing the January and February numbers of the current volume. Lovers of medical history will appreciate the bibliographical notes which grace each number.

**PHYSICIANS' CARRIAGES.**—A carriage built to withstand the wearing, tearing, crashing, smashing effects of Philadelphia's cobble-stone pavements,

will survive almost any ordeal to which it can be subjected. And such are the carriages built by Gardner, and by Gregg & Bowe, whose advertisements grace our pages. Their turn-outs are probably carrying more Philadelphia doctors than those of any other makers, and they give full satisfaction. We wish that our readers, in writing to either of the above-named builders, would kindly mention the advertisement in this journal.

THE SPRING COURSE IN HAHNEMANN COLLEGE will commence on Monday, March 14th, and continue ten weeks. The curriculum will embrace many *practical* and *important* subjects, some of which cannot be fully taught in the regular Winter Session, while, at the same time, it will be sufficiently elementary for the beginner in the study of medicine.

All the lectures and clinics will be held in the morning, the practical studies and demonstrations in Anatomy, Surgery, Obstetrics, and Chemistry being given in the afternoon. The following is the order of lectures, etc. :

HOURS.	MONDAY.	TUESDAY.	WEDNESDAY.
10	A. R. Thomas. Physical Diagnosis.	P. Dudley. Sanitary Science.	Hospital.
11	R. J. McClatchey. Disease of Skin and Nerves.	B. F. Betts. Diseases of Women.	Hospital.
12	W. B. Trites. Venereal Diseases.	W. S. Roney. Chemistry.	C. Mohr. Pharmacy.
1	W. H. Bigler. Disease of Eye and Ear.	C. M. Thomas. Surg. Clinic.	C. Mohr. Med. Clinic.
4	Practical Branches.	Practical Branches.	W. C. Goodno. Histology and Morbid Anatomy.
5			
HOURS.	THURSDAY.	FRIDAY.	SATURDAY.
10	A. R. Thomas. Physical Diagnosis.	W. H. Bigler. Eye and Ear.	Hospital.
11	R. J. McClatchey. Disease of Skin and Nerves.		Hospital.
12	W. B. Trites. Venereal Diseases.	W. S. Roney. Chemistry.	
1	B. F. Betts. Diseases of Women.	C. M. Thomas. Surg. Clinic.	C. Mohr. Med. Clinic.
4	Practical Branches.	Practical Branches.	
5			



Tickets for the course, \$15.00, which can be obtained of the Dean, A. R. Thomas, No. 1733 Chestnut Street. Graduates of the College free. Tickets for the Practical Courses (optional), \$10 each, to be had of the Demonstrators.

**TORONTO HOMŒOPATHIC MEDICAL ASSOCIATION.**—At a meeting of the registered homœopathic physicians of Toronto, held at the residence of Dr. Kippax, it was unanimously resolved to organize a Homœopathic Medical Association, for the purpose of promoting the interests of homœopathy and mutual improvement. Dr. J. R. Kippax was elected President; Dr. D. S. Oliphant, Vice-President; Dr. J. Adams, Secretary, and Dr. J. F. Danter, Treasurer. Dr. John Hall, Dr. H. Evans, and Dr. W. H. Howitt were elected members. Dr. Logan, of Ottawa, Drs. Husband and Vernon, of Hamilton, Dr. Henderson, of Strathroy, Dr. Morden, of London, Dr. J. S. Mitchell, of Chicago, Dr. H. F. Biggar, of Cleveland, Drs. T. P. Wilson and H. C. Allen, of Ann Arbor, and Dr. J. J. Lancaster, of London, were elected honorary and corresponding members. The Association is to meet the second Tuesday in every month, except June, July and August, at the residences of the members in rotation.

**NEW JOURNALS.**—Among the new journals added to our list of exchanges are the following: *The Homœopathic Courier*, *The Homœopathic Physician*, and *The Medical Cult*.

The first of these is issued in the interest of the "Southwest;" the second enters the field in defence of "Hahnemannianism;" and the third presents itself as a quarterly, intended to satisfy the "wants of the busy doctor."

There is room for them all and room to spare. We wish them each and all good luck so long as they remain true to our noble cause.

**REGULATING MEDICAL PRACTICE IN TENNESSEE.**—The legislature of Tennessee has under consideration two bills for the regulation of the practice of medicine in that State.

"The one bill, introduced by Senator Carter, proposes the erection of three boards of medical censors, each occupying a grand division of the State, with authority to examine diplomas, and practitioners having no diplomas. It provides that all persons possessed of diplomas from chartered schools, or after one term at college, having practiced medicine without diplomas for a term of five years in Tennessee, or passing an examination satisfactory to the boards, are to be considered trustworthy physicians, surgeons, and midwives; and all practitioners not possessed of such diplomas, and not having practiced five years within this State, after one term at college, and not answering such questions as may be put to them by the board, shall be proclaimed as untrustworthy physicians, surgeons, and midwives! And the said boards are to license the one class, and to forbid the other under severe penalties, to exercise the art of healing and to receive remuneration therefor."

The other,—called the "Watson bill,"—contains the following provisions:

1. The first section provides for the registration of every practitioner of medicine, surgery, or midwifery, in a book kept for the purpose in the office of the county court clerk. The practitioner is required to write his or her name, with any titles to it belonging, and to record answers to certain interrogatories, viz.:

(a) When, where, and with whom the study of medicine was begun, and how long continued.

(b) At what school or schools preliminary education was had; in what school medical education; and from what school, and when, a diploma was received, if any has been received.

(c) If previously in practice, where, and for what length of time at each place.

(d) If a member of any medical association or society, where its location, and what its name.

2 The second section provides that the clerk shall take the acknowledgment of the practitioner registering, that all statements of personal and professional history by him or her recorded, are true.

3. The third section provides that the clerk shall make a transcript of the record in each case, attaching his certificate and seal; and that such transcript shall be all the license required by the resident practitioner.

4. The fourth section provides that every non-resident or transient practitioner not assessed and paying taxes in the county, shall, beside the act of registration, pay one hundred dollars to the city or township authorities, and one hundred dollars to the clerk, to be divided equally between the county and State.

The remaining sections provide that the clerk shall be paid two dollars for the transcript, by each person registered; that persons violating the law shall be tried and punished for misdemeanor or perjury, as the case may be; that the medical register shall be open to the inspection of all citizens.

**MEDICAL LEGISLATION IN PENNSYLVANIA.**—A bill for the regulation of medical practice, and the licensing of practitioners, is before the Pennsylvania legislature, and will probably become a law. It has the support and indorsement of various medical societies, and appears to be fair and equitable in its provisions. The following is the text of the bill:

"An act to provide for the registration of all practitioners of medicine and surgery.

"SECTION 1. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same:* That the prothonotary of each county shall purchase a book of suitable size, to be known as the medical register of the county (if such book has not been purchased already), and shall set apart one full page for the registration of each practitioner, and when any practitioner shall depart this life or remove from the county he shall make a note of the same at the bottom of the page, and shall perform such other duties as are required by this act.

"SEC. 2. Every person who shall practice medicine or surgery or any of the branches of medicine or surgery for gain, or shall receive or accept for his or her services as a practitioner of medicine or surgery any fee or reward, directly or indirectly, shall be a graduate of a legally chartered medical college or university having authority to confer the degree of doctor of medicine (except as provided for in section five of this act), and such person shall present to the prothonotary of the county in which he or she resides or sojourns, his or her medical diploma, as well as a true copy of the same, including any indorsements thereon, and shall make affidavit before him that the diploma and indorsements are genuine. Thereupon the prothonotary shall enter the following in the register, to wit: The name in full of the practitioner, his or her place of nativity, his or her place of residence, the name of the college or university that has conferred the degree of doctor of medicine, the year when such degree was conferred, and in like manner any other degree or degrees that the practitioner may desire to place on record, to all of which the practitioner shall likewise make affidavit before the prothonotary, and the prothonotary shall place the copy of such diploma, including the indorsements, on file in his office for inspection by the public.

"SEC. 3. Any person whose medical diploma has been destroyed or lost shall present to the prothonotary of the county in which he or she resides or sojourns a statement of this fact, together with the names of the professors

whose lectures he or she attended, and the branches of study upon which each professor lectured, to all of which the practitioner shall make affidavit before the prothonotary; after which the practitioner shall be allowed to register in manner and form as indicated in section two of this act, and the prothonotary shall place such certified statement on file in his office for inspection by the public.

"SEC. 4. Any person who may desire to commence the practice of medicine or surgery in this State after the passage of this act, having a medical diploma issued, or purporting to have been issued, by any college, university, society, or association in another State or foreign country, shall lay the same before the faculty of one of the medical colleges or universities of this Commonwealth for inspection, and the faculty, being satisfied as to the qualifications of the applicant and the genuineness of the diploma, shall direct the dean of the faculty to indorse the same. The applicant shall pay to the treasurer of the institution ten dollars as compensation in full for such indorsement, and the treasurer shall write and sign a receipt for the same on the back of the diploma, after which such person shall be allowed to register as required by section two of this act.

"SEC. 5. Any person who has been in the continuous practice of medicine or surgery in this Commonwealth since one thousand eight hundred and seventy-one without the degree of doctor of medicine shall be allowed to continue such practice, but such person shall nevertheless appear before the prothonotary of the county in which he or she resides and shall present to him a written statement of these facts, to which the practitioner shall make affidavit. Thereupon the prothonotary shall enter the following in the register, to wit: The name in full of the practitioner, his or her place of nativity, his or her place of residence, the time of continuous practice in this Commonwealth, and the place or places where such practice was pursued, to all of which the practitioner shall likewise make affidavit, and the prothonotary shall place the certified statement on file in his office for inspection by the public.

"SEC. 6. Every practitioner who shall be admitted to registration shall pay to the prothonotary one dollar, which shall be compensation in full for registration, and the prothonotary shall give a receipt for the same.

"SEC. 7. Any practitioner who shall present to the faculty of an institution for indorsement, or to a prothonotary, a diploma which has been obtained fraudulently, or is in whole or in part a forgery, or shall make affidavit to any false statement to be filed or registered, or shall practice medicine or surgery without conforming to the requirements of this act, or shall otherwise violate or neglect to comply with any of the provisions of this act, shall be deemed guilty of a misdemeanor, and on conviction shall be punished for each and every offence by a fine of one hundred dollars, and, in the discretion of the court, by imprisonment in the county jail for a term not exceeding one year, one-half to be paid to the prosecutor and the other half to the county.

"SEC. 8. Nothing in this act shall be so construed as to prevent any physician or surgeon, legally qualified to practice medicine or surgery in the State in which he or she resides, from practicing in this Commonwealth; but any person or persons opening an office, or appointing any place where he or she may meet patients or receive calls, shall be deemed a sojourner, and shall conform to the requirements of this act.

"SEC. 9. This act shall take effect on the first day of June, one thousand eight hundred and eighty-one."

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STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

ANIMAL KINGDOM.

(Continued from page 141.)

HYMENOPTERA.

FROM the order HYMENOPTERA we derive the following: *APIS MELLIFICA*; *Vespa*; *Crabro*; *Formica Rufa*, *Subsericea*, and other species; *Bombus*.

The local effects of the poisons from these insects are well known. The skin becomes red and swollen, with burning pain; finally, even sloughing may ensue. In susceptible persons, or after the inception of considerable quantities of the poison, general symptoms may develop, such as fainting, prostration, chills and coldness, great restlessness, or insensibility; even death may result.

The stings of neuter and female ants (*Formica*, not *Termites*, which latter are neuropterous) contain a poison, the chief ingredient of which is called *Formic acid*. This highly irritating acid is also found in the glands attached to the hairs of stinging-nettles, in some caterpillars, and in old oil of turpentine.

**APIS MELLIFICA.**—The virus of the honey-bee acts with great intensity, causing a rapid swelling of the part stung, soreness, heat, redness, and burning stinging, with itching and prickling. When administered internally, in trituration or in alcohol, it readily develops a similar train of

symptoms; hence they are characteristic. And experience teaches us that some such dermal or cellular-tissue symptoms are usually present in every case for which APIS is the remedy. They therefore deserve to be emphasized. The soreness is as important a sensation as the more frequently described burning stinging. It is intense, rendering touch or pressure intolerable. It varies from a bruised, sore feeling to an exquisite sensitiveness to contact.

The redness of the APIS inflammation is either a rosy pink, or, in advanced cases, a livid, bluish red.

The swelling is the result of a rapid serous effusion into the cellular tissues. It is a universal symptom. Akin to this effect are the wale-like lumps which appear on the skin, presenting often a paler appearance than the surrounding parts. They are often sore to touch, with burning stinging, or, less frequently, painless.

In addition to the pains mentioned, APIS relieves also when there are lancinating-stabbing pains, which cause, by their keenness, sudden crying out and starts.

The mucous membranes are irritated and inflamed everywhere. And here, too, the tendency to oedema is to be observed.

Vitality is speedily and sometimes alarmingly reduced by the action of APIS. This is shown in the severe prostration, desire to lie down, faint deathly feelings, coldness, and insensibility. The heart is weak, beats slowly or almost imperceptibly, with pulselessness at the wrist.

In the majority of cases calling for APIS the nervous system is irritated, notwithstanding the accompanying prostration. The patient is exceedingly nervous and restless. This state must not be confounded with the excitement of Belladonna, nor the restless moving of Rhus tox. (See below.)

As with many other animal poisons, there is a marked periodicity of the symptoms.

**MENTAL SYMPTOMS—HEAD.**—Anxiety, premonition of death. He feels so strangely.

Irritable, fidgety, and restless.

Is himself conscious of an extremely disagreeable, violent, and sensitive mood; he would like to kill a dog, which barked at him; nothing pleases him.

Jealousy (in women).

Excitable, dances with excessive joyousness. Laughs at the greatest misfortune, as he would at a comedy.

She feels like crying about everything.

Mental restlessness.

Inclination to change the occupation; will not keep steadily at anything, with dulness of the head.

Confused; cannot think clearly.

Complete loss of consciousness.

Moaning, unconscious.

Sopor, with sudden piercing shrieks.

Confusion of the head, dizziness, a constant pressive pain above and around the eyes, which is sometimes relieved by pressure with the hands.

Vertigo; worse sitting than walking; extreme when lying down and closing the eyes. Dizzy and faint.

Head feels big and confused. Bursting, expansive feeling.

Dulness of the head, with restlessness.

Rush of blood to the head, which feels too full; worse in a warm room. Irritable, prostrated.

Throbbing in the head (four provers).

Pressure generally relieves the headache (three provers).

Photophobia during headache. (See Eyes.)

Violent shooting pains over the right eye, extending down to the eyeball.

Stinging, prickling, or stabbing pains.

Inflammation of the meninges with effusion; bores the head in the pillow; gives sudden shrill shrieks; tongue sore; big toe turned up; one side twitching, the other paralyzed; much fever. *Especially indicated when caused by suppressed eruptions.*

Hydrocephaloid, with the same shrill cries; with open, sunken fontanelle; great prostration and restlessness. (See, also, Diarrhœa.)

Scalp sensitive to touch. Stinging prickling-itching. (See Erysipelas under Face.)

**Related Remedies.**—*APIS*, as will be inferred from the symptoms mentioned, may be employed in states of mind resembling hysteria. The fidgetiness, restlessness, excitability, and ill-timed laughing, together with fickleness at work, have led to its successful use for nervous girls. In addition, it has been observed that they are awkward, dropping things, and then laughing in a silly way at their clumsiness. The sexual passion is too active, and they are prone to jealousy.

The confusion of mind and unconsciousness indicate the remedy in severe and adynamic forms of disease, such as malignant scarlatina, diphtheria, typhoid fever, etc. Also a



complete stupor after apoplexy is said to have yielded to it when Opium failed.

In scarlatina the fever runs high, and the attending restlessness is one of nervous agitation. Mouth and throat are very red, with blisters on the borders of the tongue; and swollen, puffy fauces; burning stinging, and a scalded, raw feeling in mouth and throat. The skin pricks as from needles, the rash being interspersed with a miliary eruption. There is always puffiness of some part of the surface. Prostration is early. Urine scanty or suppressed. High fever and drowsiness.

In typhoid fever the delirium is of the muttering kind. The weakness is so great that the tongue is protruded with difficulty, and the muscles are so relaxed that the patient slides down in bed. The tongue is blistered, dry, cracked, and even ulcerated. Very important is the soreness to touch of the swollen abdomen.

In meningitis or in meningeal irritation APIS holds a prominent position as a curative agent. It is often the remedy, no matter what the ailment, when shrill outcries in sleep lead to the suspicion of cerebral irritation. Such cases frequently begin with the nervous fidgetiness so characteristic of the bee-poison, and advance to more serious conditions. In tubercular meningitis, or in acute cerebral effusions, a suppressed or undeveloped eruption is a good guide to the choice of APIS.

We may profitably compare APIS here with: *BELLADONNA*, *HELLEBORUS*, *ARSENICUM*, *Bryonia*, *Zinc*, *Sulphur*, *Cuprum*, *Glonoinc*, *Laches.*, *Rhus*, *Hyoscyamus*, *Nat. mur.*, *Bovista*, etc.

*BELLADONNA* is doubtless frequently employed when APIS would suit better. A little care, however, will enable the practitioner to distinguish the fidgety nervousness of the latter from the more intense cerebral irritation of the former. The congestions of the former are more violent, with throbbing of the carotids, injected, red eyes; and a drowsiness, broken by starts and frightened outcries. The adynamia is much less than in the APIS. If the disease is scarlatina, the rash is smooth and bright red, not miliary. The skin is hot and the face red, or, in some cases, pale; but not pale and œdematous as in APIS. Cervical glands may be swollen, but there is not the cellular infiltration, with an erysipelatous blush, as in the bee-poison.

If there is meningeal irritation, *BELLADONNA* is needed when the symptoms are intense; APIS when the nervous agitation predominates, with the shrill cry, which betokens stabbing-piercing pains, or excitement. In meningitis, *BELLA-*

DONNA is decreasingly indicated as the symptoms of effusion increase; while APIS is increasingly indicated, so long as symptoms of irritation obtain and the cephalic cry is marked.

HELLEBORUS claims precedence when the irritation of APIS gives place to mental torpor, with want of reaction. The forehead is wrinkled, the pupils dilated, and the lower jaw tends to drop; the sopor is complete. Automatic motions of one arm and one leg; forehead is bathed in cold sweat. It may bring about reaction so that another remedy will cure. In typhoid fever they differ widely. APIS, though it has great weakness, apathy, and stupor, has a dry blistered tongue and exquisite soreness of the abdomen. HELLEBORUS has complete sensorial apathy, dark, sooty nostrils, slow pulse, no response to touch or pressure.

*Bryonia* bears slight resemblances, especially as, like APIS, it may be needed for cerebral effusions following suppressed exanthemata. But the sensorium is benumbed, though the senses are not so perverted as in either APIS or HELLEB. There is a constant chewing motion; face dark red, lips parched; when offered drink, it is taken hastily and impatiently. If the child is moved, it screams with pain. Later, when the sensorial depression amounts to sopor, HELLEB. follows well, even if the chewing motion and hasty drinking continue. APIS follows, if sopor ensues with a more shrill cephalic cry than in either of the other remedies.

*Cuprum* compares with APIS when meningitis results from a suppressed exanthem; but the symptoms are quite diverse. Copper causes loud screaming, followed by violent convulsions; the thumbs are clenched and the face is pale, with blue lips; eyeballs constantly rotating. If convulsions occur in the APIS case, they are less violent, consisting of restlessness and twitching of one-half of the body; the other, being lame, trembling.

Much more nearly related in suppressed eruptions, is SULPHUR. The two follow each other well.

*Glonoine*, like APIS, has the cephalic cry, sensation as if the head was enormously expanded, etc. Spasmodic vomiting of cerebral origin is most prominent in the former, as is also intense congestion and throbbing.

*Zincum* produces cerebral irritation; child awakes with fear, rolls the head; cries out and starts in sleep. Constant fidgety motion of the feet. Anæmic children, too enervated to develop an exanthem.

In typhoid states, the prostration is very great, with impending cerebral paralysis. Unconsciousness, blue hands and

feet, with coldness, weak pulse, lower jaw dropped. Here the Oxide has been successfully employed.

*Rhus tox.*, though incompatible with APIS, has many similar symptoms. In scarlatina, for instance, both suit in adynamia, swollen throat, erysipelatous inflammation of the skin of the neck, miliary rash, drowsiness, oedema. In *Rhus*, however, the eruption is darker, the erysipelas dusky red, and there is great bodily restlessness—not the fidgetiness of APIS.

ARSENICUM is similar to APIS in many respects. Both have anxious change of place, fear of death, restlessness; great weakness. (See also in several instances anon.) But although irritability of mind is in both, it is more an anxiety and fear in ARSENIC; more a nervous restlessness in APIS. (See under Respiration.)

If they meet in cerebral affections, as possibly they may, especially in hydrocephaloid, ARSENIC is to be selected by hot skin, pale and hot face. Child lies in a stupor, suddenly it twists its mouth and a jerk goes through the body; or the child lies as if dead, with half-open eyes, gum on the conjunctivæ, and no response to touch of the eyelids.

*Hyoscyamus* and *Lachesis* are similar in jealousy. *Natr. mur.*, *Bovista*, *Laches.*, *Aethusa*, *Ignatia*, *Nux. v.*, have awkwardness; the first is most similar.

SPECIAL SENSES.—In APIS the eyes are irritable and weak. One prover had starting from sleep at any noise. Though not confirmed, this last symptom is in keeping with the irritating effect of the drug and is doubtless genuine.

Sensitive to light. Eyes pain and water when looking at anything light or when using the eyes. Smarting and sensation of burning in the eyes, with bright redness of the conjunctiva.

Eyes easily fatigued, with redness and stinging pains when used; worse evenings; feeling as of a small foreign body in the eye, with burning and lachrymation.

Blindness with the vertigo.

Intense pains shooting through the eye. Piercing pains. Burning and stinging. Photophobia. Swollen lids and dark-red chemosed conjunctiva. Hot gushing tears. Relief from cold applications—indicating the remedy in keratitis, ulcerative or serofulous, conjunctivitis, etc.

Dim vascular cornea, hot lachrymation; serofulous ophthalmia. Staphyloma. Opacity of the cornea.



Swelling of the eyelids and adjacent cellular tissue. Margins of the lids smart, burn, sting, or itch; lachrymation.

• Eyelids œdematous, rosy red, much swollen, even averted.

• Eyelids erysipelatous, dark, bluish-red. (See Face.)

Piercing, itching around the eyes, in the brows and lids; desire to rub them.

**Related Remedies.**—The essentials of *APIS* are severe pains, photophobia, hot lachrymations, and above all, œdematous swelling and erysipelas. Similar remedies, therefore, are: *RHUS*, *ARSENIC*, *BELLAD.*

*RHUS TOX.* is very similar, especially in œdematous swelling of lids; chemosis; hot, gushing lachrymation; erysipelas. But *APIS* has less tendency to the formation of pus—a symptom highly characteristic of *RHUS*. In the former the pains are stinging, the time of exacerbation is evening, and cold water relieves the inflamed lids. If erysipelatous, the lids are a blue-red, looking watery as if semi-transparent. In the latter, the pains are worse at night, particularly after midnight, warmth relieves; the erysipelatous lids are of a dusky red, and together with the cheeks are studded with small watery vesicles. The pains are usually drawing tearing; though in erysipelas they may be burning stinging, but with more itching than the bee-poison. The eyelids often feel heavy and stiff.

*ARSENIC* compares with *APIS* in hot tears, violent pains, œdematous lids. But the lachrymation is more acrid. The œdematous lids are pale, not blue-red. The palpebral conjunctiva and edges of lids are very red. The restlessness is more pronounced. Relief is usually obtained from warm applications, though the serofulous patient can open his eyes in the open cool air, but not in the room, even if dark. Worse at and after 12 P.M.

*BELLADONNA*, in erysipelas, usually lacks the œdematous puffiness of *APIS*. The pains are more throbbing, and the parts are bright red, shining; or, from intensity of congestion, deep red.

(To be continued.)

#### PLACENTA PRÆVIA—FORTY-ONE CASES.

COLLATED BY GEORGE B. PECK, A.M., M.D., PROVIDENCE, R. I.

No department of *Æsculapian* art affords a simpler or more accurate test of work than the obstetric. The accoucheur is presented with two living beings, the one maintaining a dependent existence within the abdomen of the other. It is his

duty to superintend their separation and firmly to establish each in the perfect enjoyment of independent life. If he can accomplish this he is successful; if he saves but one he is partially so; if he loses both he fails. And this is true whatever the difficulties or complications encountered. A person may exhibit greater skill in partial or even complete failure than another in full success. Untoward conditions may prove insurmountable to the most brilliant genius; therefore disaster does not necessarily incur blame.

Again, no description of a case however complete can accurately delineate its entire circumstance. Minor points, sometimes of greatest weight in determining action, will inevitably be overlooked. Especially is this true if the narration is by other than him upon whom the responsibility rested. A report of my own case, returned with others by the experienced gentleman who operated at my request, would never have been recognized had not my name been appended thereto. And yet he was not blameworthy! In order then to avoid every chance of unjust reflection upon any associate, I carefully suppress every clue to the following experiences:

Dr. A. was called to attend a case of placenta prævia as counsel. Upon arrival the os was found to be dilatable; turning therefore was promptly resorted to and the delivery of a living child easily accomplished. The placenta was at once removed and perfect uterine contraction followed. In a few minutes, however, severe vomiting occurred, succeeded by relaxation and hæmorrhage. This was readily checked by common instrumentalities only to be renewed through repeated emesis. Death terminated the fearful alternation. The woman had frequently suffered from such attacks which had been controlled with extreme difficulty. No anæsthetic had been employed.

Some years later Dr. A. visited a woman repeatedly during the last weeks of pregnancy because of recurring hæmorrhage. Upon the inception of labor a vaginal tampon was introduced and counsel summoned. As soon as the os became dilatable turning was effected though with great difficulty and a dead child delivered. The mother survived but two days. No notes were taken of these cases; only the most salient points could be recalled; but they are not altogether valueless.

One of Dr. B.'s patients was troubled with a hæmorrhage recurring every two or three weeks from the fourth month of pregnancy. *Viburnum prunifolium*  $\theta$  and *Sabina*<sup>3</sup> seemed to control. About the end of the eighth month it brooked no

restraint; labor ensued, which was treated by Guernsey's method. Hæmorrhage ceased soon after the placenta was punctured. The mother did well—the child had been dead apparently several days. The variety of complication was central complete.

Dr. B. was also called to the charge of an apparent partial. Hæmorrhage commenced at the end of the third month, recurring as in the preceding case. *Viburnum prunifolium*  $\theta$  was alone administered. At the end of the sixth month labor was unavoidable. Weak and infrequent pains prompted the administration of Ergot fl. ext. in twenty-drop doses, which soon completed the case. The child was dead, but the mother made a good recovery.

Dr. C. treated a case of lateral complete at the termination of a sixth pregnancy, none of the preceding having exhibited any abnormal condition. The first hæmorrhage occurred near the close of the seventh month, and a discharge of clotted blood obtained three weeks before he was consulted. He did not see the woman, but sent China<sup>3</sup>. She had taken the remedy nearly a week, when profuse flowing ensued, unaccompanied by pain. Dr. C. was summoned in haste, and found her nearly pulseless. His previous diagnosis was now verified by an examination by himself and counsel. A conical air-bag was placed as far within the os as possible, and inflated until it stopped the hæmorrhage. *Secale cornutum*, beef tea, and brandy were given *ad libitum* until expulsive pains were manifested, and the uterus began to contract. The fetal head now ejected the air-bag and tore away the placenta from the left margin, promptly descending and pressing the loose flap against the pelvic wall, thereby proving a most effective tampon. This stage was very brief, and instantly upon its termination Dr. C. passed his hand up and detached the remaining portion of the placenta, when the uterus promptly contracted, and immediate danger was over. The child was dead; the mother was living in May, 1880.

Dr. D. reports a case of apparent partial occurring at the sixth month. Labor was induced by overreaching to enter a car; it did not occur, however, until five days after the overt act, the waters merely being discharged at the time. Quite a profuse hæmorrhage occurred just before the discharge of the amniotic fluid, and then ceased until two hours before delivery. No motion was felt after the rupture of the membranes. The breech presented and the cord encircled the neck. The placenta covered one-half the os. It was the third pregnancy,



and conception is *known* to have taken place during the third week after menstruation.

Dr. F. has encountered both a complete and a partial, but unfortunately no notes were taken. In his first case hæmorrhage occurred about six weeks before term, and recurred four times. The usual homœopathic remedies were administered, and perfect rest enjoined. When labor set in at full term the flooding was terrible. The membranes were ruptured with but little effect in lessening it. Delivery was effected with difficulty by bringing down the feet. The mother barely lived through it. A "regular" physician was present as consultant.

In his second case hæmorrhage did not occur until labor began. The membranes were ruptured early, but with as little benefit as before. Dilatation was hastened by inserting the fingers one after the other within the os. When sufficiently opened the feet were brought down and the woman delivered. She made a prompt recovery. The child was dead in each instance.

Dr. F. is a venerable practitioner, but during his long years of service has met but one complete, and that was central. Hæmorrhage commenced with the preparatory pains. *Millefolium* and *Hamamelis* were exhibited without result. Examination revealed a dilatable os. He accordingly plunged his hand through the placenta, turned, and delivered. The after-birth came with the child, which was dead. The mother made a good recovery.

Dr. F. has been favored with an unusually large proportion of partial cases,—twelve. He has lost three children from this cause, but never a mother from any reason, save two from puerperal peritonitis. Hæmorrhage commenced at various times after the beginning of the seventh month. The remedies just mentioned seemed generally sufficient, but in extreme conditions he exhibited one-sixteenth grain of Morphine and one-eighth grain Sulphate of zinc, repeated if necessary. The hæmorrhage has been controlled when absolute quiet was preserved.

Dr. G. was called in counsel by a homœopath at such a time that eight hours had elapsed since hæmorrhage commenced. Of course the child was dead. The tampon was at once put in requisition, and was effectual to the preservation of the mother. The labor was very slight, and for hours amounted to nothing. As soon as dilatation permitted he pushed the overlapping placental margin one side, and forcibly as well as

hastily delivered with forceps. The mother made a good recovery. The variety of complication was lateral and complete.

Dr. H. was called to see a woman 42 years of age, light, almost florid complexioned, quite fleshy, and decidedly lymphatic in temperament, who was suffering from a severe sanguineous discharge at the sixth month of pregnancy. This was checked in twenty-four hours by absolute rest and Ipecacuanha<sup>3</sup>. He was summoned at the seventh month to a severe attack, which was suppressed in the same manner. At the eighth month the hæmorrhage was extremely severe, and the os dilated so that the placenta could readily be identified. He felt he could wait no longer, and accordingly passed his entire hand (adapted to a No. 8 kid glove) within the vagina, and inserted two fingers within the os. He thus inaugurated a system of gradual dilatation which required nearly an hour for its accomplishment, though nature materially aided his efforts. The pelvis was large and roomy, yet the manual tampon prevented all loss of blood, but the tax upon the muscles was so great that for two subsequent days the arm was comparatively useless. As soon as the opening was sufficient to admit the hand he shaped it to perforate the placenta. It was so slightly attached on one side, however (lateral complete), that it became partially detached. The hand, therefore, passed by the edge, seized the feet and drew them down until the hips completely filled the os, again suppressing all hæmorrhage. Fifteen seconds were not required for that operation, yet the river of blood that poured over his arm Dr. H. describes as frightful. Half an hour now elapsed before the uterus renewed its expulsive efforts. It completed the work almost unaided, for the accoucheur believed it should have time thoroughly to contract before being entirely emptied. The fetus was of course dead, and almost bloodless. It was six weeks before the mother could walk around the house; she died six months after from typhoid fever. Dr. H. does not believe the child's life could have been saved had it been delivered at once, for seven months were but just fulfilled.

Dr. I. was once summoned to the bedside of a woman then in the middle of the ninth month of pregnancy who was suffering from a severe hæmorrhage, albeit the os was undilated and pains were non-existent. He was informed the phenomenon had frequently recurred since the middle of the seventh month; the first being taken as an indication of immediate abortment. Rest and Ipecac. stopped the flow, but it returned in two or

three days accompanied by severe pains. When he reached the bedside the os was sufficiently dilated to admit two fingers, and the placenta was discovered "centrally located." The hæmorrhage was very severe; a considerable amount of blood had been lost; therefore an attempt was made to introduce a Barnes's water-bag. The placenta prevented inserting it very far, and the blood washed it away before any water could be thrown within. Then three fingers were passed gradually within the uterus, dilating the os, and peeling off the placenta on one side until the membranes were ruptured. The hæmorrhage was now so severe that Dr. I. slowly forced his hand through the opening, intending to perform version, but when he reached the child he found it dead, and therefore, by preference, peeled the placenta off the remaining side of the uterus, and left it alone. There was one terrible gush of blood, when the hæmorrhage ceased entirely. The placenta was expelled within twenty minutes, and the child an hour later. The woman subsequently suffered from pelvic cellulitis, with formation of an abscess, which discharged per vaginam. She made a good recovery from this, and was doing well when last heard from.

More recently Dr. I. was asked by an eminent practitioner to visit with him a lady who had nearly fulfilled eight months of pregnancy, but had suffered from several very severe hæmorrhages, due, in his opinion, to placenta prævia. These had recurred so rapidly—only twenty-four hours intervening between the second and third—and with such intensity that it was determined to induce premature labor. A third size Molesworth dilator was introduced and gradually inflated. Pains were aroused in a short time, and the bag was filled just fast enough to keep pace with the opening cervix, thus acting as a perfect tampon. Scarcely a teaspoonful of blood appeared externally until the change was made to the fourth or largest size. When this had been effected things continued as before. As soon as the uterus was fully opened Dr. I. removed the dilator and passed his finger into the vagina to ascertain the position, but he found it so high that it could not be reached until the whole hand had been inserted. The placenta was discovered lying chiefly on the right side, with a pendant flap that evidently had been torn from the left by the dilator. While making this examination a severe pain came on, causing such profuse hæmorrhage that the accoucheur passed his hand within the uterus, and, finding a vertex presenting, caught hold of a knee and turned it. This was easily accomplished,



and the entire body delivered without difficulty, the child being alive and vigorous. But, unfortunately, the mother was endowed with what may aptly be termed a male pelvis. This caused so much trouble and delay that when parturition was accomplished the vital spark had forever fled. Hæmorrhage continued to be severe until the placenta was removed. The woman made a good recovery without a single untoward symptom.

Dr. J.'s experience has been confined to a single case at full term transferred, some twenty-four hours after its inception, from a very irregular practitioner. The pain and hæmorrhage had ceased, the child was dead, and the mother nearly exsanguinated. Withal an arm presentation was speedily identified. The placenta was attached to the right side of the uterus, extending over the os about three fingers' breadth. False (?) pains, running down from the crest of the ilium to the uterus, occasioned considerable suffering. There was danger of the renewal of labor and of hæmorrhage. To meet these indications, and at the same time dilate the os,—then open only two and a half inches, and inert,—he introduced a colpeurynter, and proceeded to inflate it with cold water. The tube proved defective, and burst about an inch and a half from the bag. He accomplished his purpose by tying the nozzle of his Davidson's syringe into the shortened tube, trusting to its valve to retain the injected liquid. The peculiar direction of the annoying and purposeless pains having been found by him to be characteristic of Bryonia, that remedy, rather than Pulsatilla, was administered in the two-hundredth attenuation at short intervals. Regular labor-pains at once superseded the others, and within an hour and a half became so strong that he was compelled cautiously to remove the colpeurynter. He was profoundly gratified now to find that the child had undergone complete version; that the os was fully dilated; that the head was distending it, compressing the placenta and preventing all hæmorrhage; that labor was advancing comfortably and rapidly. But the patient was weak from loss of blood, loss of sleep, and a long labor. Moreover, she was disappointed at the loss of her child (her only previous confinement proved fatal to twins from non-viability); consequently when the head came to press on the perinæum all pains ceased again. Ether was at once administered, and delivery effected with forceps. Recovery was tardy and troublesome. The most satisfactory remedy given was *Silicea*<sup>cc</sup>. The lady referred conception to the third or fourth day after menstruation.

Dr. K. is the second and last lady practitioner on my list. She does not belong to the Institute, but was highly recommended to me by a member of unquestioned position. Her experience covers a period of more than twenty years. A certain labor which she had been engaged to attend was ushered in by excessive hæmorrhage without pain. When she reached the patient she discovered the os somewhat dilated and freely dilatable, but completely covered by the placenta. Her diagnosis was reported to the husband and counsel requested. The family physician (presumably a homœopath) was summoned. He exhibited no alarm, and remarked: "We will wait for nature!" Under that decision she resigned the patient to his care, after stating the urgency of action to all parties. Confidence was reposed in the male practitioner, with the result of constant flooding to fainting, and, at the expiration of twenty-four hours, the delivery of a dead child from a mother who did not breathe thereafter!

In her second case there was profuse and frequent hæmorrhages during gestation, controlled by China. When labor was inaugurated the pains were slight, the flooding profuse, and the os soft, flabby, and dilatable. The patient was put under an anæsthetic, the membrane ruptured through the placenta, the waters drained off, the child turned, and delivered by the feet. The mother made a good recovery, but the child was dead.

A case of partial was announced by an alarming hæmorrhage at full term. Upon arrival, as there were slight pains, she ruptured the membranes, and permitted the contained fluids to escape. Labor now set in with vigor, and soon a living child was born. Mother and infant did well. Three other similar cases were treated in like manner, with equally favorable results.

Dr. L. is a country practitioner; so are others alluded to above; but in this case the circumstance was important. One day a messenger came in hot haste from a village seven miles distant, with a request that he should come at once to the bedside of a French Canadian who had been flowing fearfully since the commencement of labor. He had been six miles in another direction for the physician engaged. That doctor was not to be found, so upon his return to the house he had been dispatched for Dr. L. Scarcely expecting to find the woman living, our associate started at full speed to relieve the emergency, sending the messenger meanwhile for assistance. He found the waters had long since escaped, that the labor had

been very tedious, that dilatation was not yet fully accomplished, and that the woman was extremely pale. His friend arrived almost simultaneously, and, as the flow still continued, delivery by turning was decided upon and promptly executed. The accoucheur's hand passed by an edge of the placenta which had been torn up by nature's endeavors to obtain relief. For several hours syncope seemed imminent, but stimulants and liquid foods were administered under Dr. L.'s personal supervision until that danger was passed. The woman made a slow yet complete recovery; the child of course was dead. This was the thirteenth or fourteenth confinement.

Dr. M. (in his second year's practice, I think) was intrusted with the care of an apparent partial, which developed additional complications to a more serious extent than any hitherto narrated. A lady was riding in a steam-car during the latter part of the fifth month of pregnancy, when a sudden hæmorrhage occurred, so profuse as to necessitate a long delay at the next station. This recurred slightly every few days until the beginning of the sixth month, when a severe one occurred, which was treated with tampons and Caulophyllum. Another serious one marked the opening of the seventh month. Vaginal tampons were now inserted in the morning and at noon. Examination in the evening revealed the placenta to touch and sight. A gentleman whose own successes have been detailed in my former paper, and whom I shall here designate as Dr. Z., was summoned next day in counsel. Under double leadership, nourishments, stimulants, and Viburnum were administered freely for ten days, but with little benefit, for the hæmorrhages recurred at irregular intervals, varying from six hours to two days. Fetal movement having now ceased, labor was induced by administering the fluid extract of Ergot; it was assisted by mechanical dilatation. In eleven hours the child was delivered stillborn. There was no appreciable loss of blood. Stimulants, milk, and beef-tea were continued. The uterus remained flaccid; traction of the cord caused pain. Dr. M. found it impossible to start the placenta by ordinary methods, and therefore summoned Dr. Z. again to the bedside. When the latter gentleman attempted the removal he found its fibres so completely interwoven with those of the uterine tissue that he could scarcely insinuate his finger between the two structures. Hence the work was done by piecemeal. It was necessitated by a constant dribbling from the free border. The patient swooned at the close of the operation, but was promptly revived by stimulants. There was no hæmorrhage.



A compress saturated with Hamamelis extract and water was applied to the inferior abdomen. She slept well, and no evil was boded. At two o'clock the next afternoon, however, the stomach refused to perform all duty, and the unfortunate woman died at midnight.

It has not been my purpose to give complete details of any case reported; that would overtax both printer and reader. The salient features have been delineated, and each sketch displays its lesson so clearly that "he who runs" through these pages "may read" accurately. Some fifteen selected cases will be published in the *New England Gazette* during the present year; the balance, good, bad, and indifferent, you have. If after a careful perusal any one should question the treatment of this formidable peril recommended in the report already referred to, I can but say he interprets the irresistible logic of events far differently from myself.

And now, having recounted the testimony of so many whom I am proud to call my associates, it is eminently proper that I should attend the confessional. I shall depend upon my memory, no notes having been taken save the barest memorandum of the circumstance.

My sole experience with this complication signalized my seventh obstetric case. I had been engaged by Mrs. F. to attend her during her second confinement; the first had resulted in the birth of a girl some four years previously, but a miscarriage occurred subsequently. She was an Englishwoman, robust, stout, weighing in the neighborhood of a hundred and fifty pounds, thirty-four years old, vivacious, of sanguineous temperament, and comfortably situated, being the wife of a bricklayer who was making good wages. Every condition seemed auspicious, though then, as now, there obtained a certain vague, indefinable dread in each and every obstetric case which does not pass away until at least an hour after the delivery of the placenta, for I know full well what *may* happen at any stage of parturition.

One day I received an urgent summons to visit her at once as she had been flooding. I found her upon her back, slightly nervous, but cheerful and unaltered in general appearance. She stated that she had been lying down for a brief rest and had risen to urinate; that a sudden gush of blood had poured into the chamber, and that immediately she had crawled into bed, where since she had quietly remained. She had experienced no pain nor unusual sensation. There was no additional discharge. I assured her of present safety, but admitted

what was sufficiently obvious, that matters did not stand exactly in their ordinary relations ; directed her to remain perfectly quiet in bed for two or three days, and to notify me upon the slightest return of hæmorrhage ; administered Hamamelis extract in pretty heavy doses, and allowed as diet milk, meat broths, and juices, with light farinaceous articles. Straightway I now proceeded to the office of George D. Wilcox, M.D., and notified him that I had a case of placenta prævia on my hands ; that the woman had already lost from a pint to a pint and a half of blood, and that he must hold himself in readiness to respond *at once* to my call. He questioned me closely as to the reasons of the faith in me, and then acceded to my demand. Next I consulted available authorities of both schools, and discovering extremely diverse recommendations, concluded (as the responsibility would rest upon my shoulders no matter how many counsel were employed), that at the next hæmorrhage I should have the child turned and delivered with the utmost promptitude. Of course I had not the slightest idea of performing that operation, for is it not a traditionary maxim that the young accoucheur knows not what he finds until he has attended from a dozen to twenty confinements ? And I had served at but half the minimum !

I saw Mrs. F. on each of the three following days ; upon the last she was permitted to sit in her chair, so I left her with the caution that she must do no work and walk but very little, also that she must send for me upon the appearance of the faintest show.

Some four or seven days after this while at the dinner-table, I received a message from Mrs. F. to come at once. I repaired post-haste to her bedside and found her circumstanced *precisely* as before, save that there was in addition a slight oozing of blood. I immediately packed the vagina tightly with cotton, sent for my counsel, and sat down to encourage my patient and prevent other mischief. At quarter past four, or directly after his office hour, Dr. Wilcox appeared, removed a part of the cotton, verified my diagnosis, and asked for additional assistance. I signified my assent and restored the cotton that had been disturbed by the examination. I wondered at the request, but discovered the reason in due season.

At six o'clock Dr. Wilcox returned, with Drs. I. W. Sawin and H. A. Whitmarsh, of East Providence, then a student of my senior counsel. But now the reader should know somewhat concerning the two physicians. The first is considered the best pathologist in the Rhode Island Homœopathic Society,

and the second is more frequently consulted by the former than any practitioner outside his firm. Again, Dr. Wilcox is at least six feet in stature and correspondingly framed, while Dr. Sawin has scarcely attained the average height of man, and is delicately proportioned. As Mr. F. was ignorant of what was occurring at home, we decided to await his return at 6.15, when I informed him of the state of affairs, the serious danger to both mother and child, assuring him I could not promise the life of either; that I had secured the best assistance I knew of, that immediate action by some one was imperative, and we had only waited to secure his formal assent and converse once more with his wife if he had aught special to say. He replied that he knew nothing of these other men, the case was in my hands to be conducted according to my best judgment, and it was for me to decide what should be necessary. He desired five minutes' conversation with Mrs. F., which, of course, was granted.

At 6.30 Dr. Whitmarsh commenced etherizing my patient. When she was sufficiently influenced thereby Dr. Sawin removed all the cotton, and examining, found the placenta completely covering the os and the cervix perfectly dilatable. The question of version and immediate delivery had been discussed with perfect unanimity. When he reported the existing condition, Dr. Wilcox told him to puncture and turn. "But this is Dr. Peck's case, perhaps he would like to do it." "Oh no, go ahead and operate," was my brief rejoinder. Shaping his hand as conically as possible he endeavored to thrust it directly through the placenta. It did plough its way laterally through the placental substance until the margin was reached, when the membranes were ruptured, and the hand was carried up such a distance that the forearm served as an airtight and therefore watertight plug. No appreciable amount of fluid of any sort had been lost hitherto. He now took his time to bring the floating foetus into proper position and to seize the feet in the most advantageous manner. When he had arranged things just right, by a sudden swift movement, he brought down the feet until the body served as a second perfect tampon. Dr. Wilcox's broad hands now did excellent duty in the way of following up the contracting uterus and expressing its contents. A cyanotic boy was speedily delivered, the cord tied and cut, and the youngster handed to me for resuscitation, which was duly accomplished by a judicious intermingling of icewater showers, slappings, and artificial respiration. Meanwhile Dr. Sawin turned his attention to the placenta, which was delivered



without difficulty, the uterus firmly contracting. No more blood had been spilled than is wont in average favorable cases. Twenty-five minutes had not elapsed from the time we entered the sick-chamber when my associates were ready to leave. Dr. Wilcox thought I had best tarry an hour to avert, if possible, any danger that should threaten (I mentally resolved to double the period); but we parted in the best of spirits, thinking everything secure. My impression is, Dr. Wilcox administered an orthodox dose of Ergot immediately upon the expulsion of the placenta.

I now took my seat in the adjoining room and speculated as to future contingencies, visiting the bedside at first every ten and then every fifteen minutes to make sure all was right, for terribly do I dislike to be caught napping. More than an hour passed in this manner, Mrs. F. manifesting no symptoms unusual to a person recovering from an anæsthetic. But once, about five minutes after my accustomed visit, the nurse called me to the room and requested me to look at her again, for she seemed to grow suddenly restless. I went in and found the pulse eighty-five and weak. Remembering to have heard somewhere that anything above eighty indicated danger from postpartum hæmorrhage, I re-examined both vulva and uterus. Everything was right in both places; still to be sure beyond a peradventure I gave fifteen drops of Ergot. Five minutes were gone; the pulse was ninety-five; no other change save that the patient was more restless and expressed a desire to turn upon her side. I repeated the Ergot and sent the husband for Dr. Wilcox. In another five minutes the pulse had reached a hundred and five; restlessness increased; other conditions unchanged; I administered the remainder of the Ergot with which I had been intrusted—ten drops—and awaited events with considerable anxiety, for I expected each moment to see the uterus relax and fill, or a crimson river burst forth from the vulva. Meanwhile I endeavored, by coaxing and gentle command, to keep my patient in perfect quietude, believing she was measurably ignorant of her words and acts. At length while my hand was resting lightly on her shoulder by way of restraint, she commenced to turn with full force upon her right side and had accomplished one-third of the movement, exclaiming erewhile, "I will turn!" when there was a gurgle in her throat, a half dozen gasps, and she was dead. When Dr. Wilcox arrived a few minutes later, and about ninety after his departure, he pronounced the uterus well contracted and the discharges normal. Of course but one cause could be inscribed

upon the death certificate, though many with greater or less plausibility have been assigned by those to whom I have narrated the occurrence. What that was may be inferred from the statement that under similar circumstances, having lost that childish horror of postpartum hæmorrhage which characterizes most novices, I should administer *Digitalis 2* or *Aconite* every five minutes; also permit my patient to turn at the outset. A moment's reflection, however, must satisfy any one that the chance afforded by this or any other treatment is next to no chance, and hence the woman came to her death by an accident, which could be neither anticipated nor averted.

I have heard of but one case resembling this in any particular, and that was conducted by one of our most skilful and successful young practitioners, assisted by suitable counsel. Both child and mother were lost, the latter dropping away without the slightest premonition. I have no notes of the occurrence; I believe no report has ever been written. The impression received in conversation a year since is, that a very considerable amount of blood was lost; it was not judiciously guarded.

In conclusion I will quote Dr. Sawin's remarks on my own case. "The operation of passing the hand through the placenta in cases of central implantation is proper and feasible, with this explanation, the hand can be passed through the *substance* of that organ. I see no reason why this should not be done; in many cases it is the only practicable course. The dilatation of the os, and introduction of the hand are primary indications. To accomplish it the conically bent hand must be pushed directly forward. It seems to me neither material nor optional whether the tufts are separated at their maternal or fetal extremities or torn through in their centres. It is quite certain they will yield at their weakest part, and this is presumably their safest point of rupture. But to pass the hand directly perpendicularly into the amniotic sac through the placenta at or near its central portion, is quite another matter. From my experience and experiments I believe it generally impossible to do so. This is fortunate, for vessels of considerable size, many being arterial, would be divided, and he who has seen one cut while the heart was acting freely and before the child has breathed will hesitate to open one under these circumstances—certainly until he can reach the cord and tie to prevent all infantile hæmorrhage." Dr. Sawin has treated two cases of partial, and one of complete, in his own practice; his only loss was the child in the last-mentioned confinement;

it had not attained seven months. These will be printed in the *N. E. Gazette*. His consultation experience is recorded under two or more of the above heads.

NOTE.—The following cases have been brought to my notice since I have commenced this article :

Dr. E. D. L. Parker, of Pawtucket, Rhode Island (mentioned in my former paper), was called to Mrs. B—, then carrying her second child, January 6th, 1881. He found she had been flowing passively for three hours, which flow proved to be blood. The os was dilated about one inch, placenta presenting. The hæmorrhage was easily controlled by pressure with the fingers, the head being well down within the sac, and in the first position. Dilatation was hastened also with the fingers. When sufficient for delivery, an edge of the placenta was found upon the left side which had been separated by that process. It was turned back toward the undetached portion, when the membranes presented, which were at once ruptured. The head now occupied the os and compressed the placenta. Delivery was hastened by the fluid extract of Ergot, the placenta following normally. He estimates one-fourth of the placenta was involved in the presentation, as it extended to the opposite side of the os from its greater attachment when dilatation had become fully established. The loss of blood could not be estimated, for it was received on cloths. The mother was a very healthy and robust lady leading a life of ease. She manifested no alarming symptoms, and has made a complete recovery. The child was but slightly blanched, in nowise dangerously so.

Dr. N. was called on Christmas day, 1880, to see a lady who gave the following history: She had menstruated *regularly* since her two-years-old child had attained nine months until six weeks before Thanksgiving, when a considerable “gushing” occurred. She sent for her “regular” family physician. He prescribed several times, but did not succeed in checking the discharge entirely. Thereupon he made an examination, pronounced the case one of subacute inflammation, and treated it a week on that hypothesis without relief. He then summoned in consultation a “regular” physician of large experience, who makes a specialty of the diseases of women. After careful examination with sound and speculum, the latter diagnosed miscarriage with retention of a portion of the after-birth. When Dr. N. saw her, there was no discharge during the day, but pain with chilliness, and some wasting, came on



in the evening, and the greater the pain the greater the flow. There were cramps in the limbs, she was somewhat prostrated, and her temperament was mild and tearful. Accordingly Dr. N. prescribed Pulsatilla<sup>30</sup>, and departed without making an examination, for his time was exceedingly occupied. He left word, however, if she should be worse that evening, he should be sent for after eight o'clock. At nine her husband called on Dr. N., and informed him she was worse than she had been since first taken sick. He reached the house about ten, and at once by digital examination discovered (with what surprise may be imagined) the womb well dilated, and a placenta filling the entire opening. The hæmorrhage was not very severe; the pains were strong and frequent. In a short time the entire mass came away, consisting of a five months' fetus, with afterbirth and sac entire. On January 8th, 1881, the woman was wellnigh restored to health.

I am sincerely grateful to Dr. N. for his brief note recording the above, and only desire that other readers of THE HAHNEMANNIAN who have been profited or interested by these two papers, will venture, like him, to impose upon my patience. Few of us are willing to confess our mistakes over our own signatures, and yet I, for one, learn far more from them than from my successes. Notes of unfortunate cases will be especially welcome, for it is as important to know what *not*, as what *to do*.

Although I believe a thorough knowledge of pathology is essential to a physician's permanent success, I cannot forbear referring to the last case as an admirable illustration of the wisdom and safety of symptomatic prescriptions, when, for any cause, pathological conditions cannot be ascertained.

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### LEUCOCYTHÆMIA.

BY EDUARDO FORNIAS, M.D., PHILADELPHIA, PA.

(Read before the Hering Club of Philadelphia.)

*Synonyms.*—Leucæmia; leucocytosis.

The name leucæmia or leukæmia, or white blood, first given by Virchow, is objectionable, inasmuch as the blood is not white, but of its usual color. A much better term is leucocythæmia, given by Dr. Bennett, which means literally white-celled blood.—*Fanner*.

*Definition.*—A peculiar condition of the blood, consisting in a morbid increase of leucocytes in that fluid, which increase is associated with a new formation of lymphatic tissue in the spleen, in the lymphatic glands, and sometimes in other organs.

*Varieties.*—Leucocythæmia can and ought to be divided into three classes:

1st. A slight increase of leucocytes, dependent on dyscrasic alterations in the hæmatic liquid, in consequence of a disturbance created in the same liquid by the introduction of substances capable of determining them, as from typhus and typhoid fever, certain poisons, etc. When this takes place the alteration has been called leucocytosis. As the new formation of lymphatic tissue, with which the change in the blood is associated, may commence in the spleen or in the lymphatic glands, it offers a field for the other two divisions; for instance:

2d. Leucocythæmia dependent on the spleen—splenic leucocythæmia.

3d. Leucocythæmia dependent on the lymphatics—lymphatic leucocythæmia.

Lariboisiere has called this affection intestinal leucocythæmia when the change takes place in the follicles of the intestines. Sometimes, although in rare instances, the medulla of bone is the principal seat of the diseased process, and in this case it has been called leucocythæmia medullaris. A case of this kind was observed by Meursick in 1868, which was developed spontaneously after the amputation of a limb affected with osteomyelitis. These may be added still as different varieties.

*Genesis and Etiology.*—Leucocythæmia, then, embraces the morbid determinations which may produce it and the conditions which may predispose its evolution; thus its causes may be divided into predisposing and incidental. Among the first we count the lymphatic temperament, poor alimentation, exposure to cold and wet, passions, scrofulous diathesis, sex (being more common in males than in females), venereal excesses, any disturbance of function, as that of menstruation, and convalescence from certain diseases. Among the second, the introduction into the hæmatic liquid of certain pathological elements, such as have their origin in typhus and typhoid fever, malaria, etc.

*Pathology.*—The question of the increase of leucocytes in the sanguineous liquid has been much debated, not only by pathologists, but by the most transcendental physiologists; we have to find the hæmatic fluid seized by an element destructive of red globules; or the splenic tissues proliferate and send conjunctive corpuseles, which, after being converted into leucocytes, capable of moving and of taking a special course, may

go beyond the barriers of the sanguineous circuit to invade the torrent.

In the lymphatic system an equal disorder with analogous results is to be found; and finally here, too, we have to consider a portion of connective tissue, which, suffering from an increase of prolific vitality, sends its corpuscles to provoke the alteration in question; the follicles of the glands being here the chief seat of the hyperplasia.

Besides the splenic and lymphatic changes, leucocythæmia is sometimes attended with enlargement of the liver (caused by those lymphoid growths), with disease of the thyroid gland, etc. According to Green: "The growth of lymphatic tissue in non-lymphatic structures occurs principally in the liver and kidneys, less frequently in the lungs and muscles, the change in the kidneys being similar to that of the liver. The new growth in these organs either forms distinct tumors or exists as an infiltration."

We have seen that in other lymphatic structures, such as the follicles of the intestines and the medulla of bone, this change may also take place. In the intestines the follicles may become so enlarged as to form distinct, firm tumors. The change in the medulla of bone was first noticed by Ranvier, but carefully studied by Neumann, who says that when this is the seat of the diseased process there are changes in consistence and aspect, as well as increase in the quantity of the medulla. Instead of its normal red color it is pale gray, or reddish-gray, or reddish-yellow, and often of dirty appearance. In consistence it is diffuent and slimy.

But before I go any further it will be convenient to recapitulate and give more in detail those morbid changes in the different organs thus affected, in the order of their importance; and firstly, let us take the spleen as the most important organ in the production of leucocythæmia.

*Spleen.*—This organ is almost always increased in volume, in many cases reaching the weight of from 6 to 9, or even 16 to 18 pounds. This enlargement is due not only to the hyperplasia of the pulp and Malpighian corpuscles, but to the highly obtained vascularity. The corpuscles, however, become later and principally the seat of the process, increasing in size by the rapid multiplication of their cells and the formation of many new vessels. They are seen scattered through the much-enlarged and vascular organ, irregular and nodulated in shape, whitish in color, and firm in consistence. The pulp, which gradually atrophies while the corpuscles increase in



size, often becomes deeply pigmented. The trabeculae as well as the capsule become thickened, the former more fibrous, the latter forming adhesions with the surrounding viscera. This renders the organ firmer in consistence, the enlarged corpuscles making up the chief part of its bulk. In many cases the spleen presents areas of darker or paler color than the rest of the organ. On chemical analysis, the splenic tissue has been found to contain gluten, glycocol, hypoxanthin, xanthin, leucin, and tyrosin, but no uric acid. Seitz speaks of spontaneous rupture of the spleen in leucocythæmia. Peculiar elongated octohedral crystals have been found in the spleen after death, and the number is said to increase the longer the time that has elapsed after death.

*Lymphatics.*—A similar process takes place here, the glands becoming enlarged by multiplication of their cellular elements, also soft and vascular, and, as said before, the follicles become the chief seat of the numerical hypertrophy. The enlargement of lymphatic glands takes place in one-third of the cases of splenic leucocythæmia. Out of 157 cases, enlargement of the glands occurred most frequently in those of the abdominal cavity (in 39 cases), and least frequently in those of the thoracic cavity (in 11 cases). General alteration of the glands was only noticed in five cases. The individual glands scarcely ever exceed, and rarely reach, the size of a walnut. Their surfaces are smooth and usually free from undue connection with adjacent structures. Upon section we find them gray or reddish-white, frequently mottled red from vessels. Suppuration takes place very rarely. Under the microscope the glands present an appearance which differs very little from the normal structure. An adenoid reticulum can be seen in brushed sections, and in the meshes of this lie great numbers of lymphoid corpuscles. There is rarely that increase in the reticulum which is met in lymphadenoma. According to Lauenstein, crystals similar to those met with in the spleen and the blood have been found in one case in the mesenteric glands.

*Liver.*—This organ (of non-lymphatic structure) is perhaps the next visited by these lymphoid growths; nay, I may say more affected than the glands, as it has been found in an abnormal condition in at least two-thirds of the cases of splenic leucocythæmia. According to Growers, out of 109 cases in which the state of the liver was noted, during life and after death, it presented some abnormalities in 87. Of course the liver has been found often enlarged without any morbid changes having taken place, at least in appearance. Virchow

asserts that such enlargement is due to the hypertrophy of the liver-cells, by which the acini are increased in size. But when morbidly affected, white-celled blood fills, distends and enlarges the vessels of this important reservoir, and the growth which commences in the interlobular tissue gradually extends into the lobules themselves. In the earlier stages the lobules are seen to be clearly mapped out by a grayish-white interlobular infiltration. As this increases, the liver-cells become compressed and atrophy, until ultimately the lobules may be replaced entirely by lymphatic tissue. Associated with this infiltration there is often a formation of small, round, soft, whitish nodules, somewhat resembling gray tubercles. Fatty degeneration of the liver-cells is another frequent change, due in part to the defective supply of oxygen, from deficiency in the number of red corpuscles, as in simple anæmia. All these changes render the liver considerably enlarged, the heaviest weight recorded being  $13\frac{3}{4}$  pounds. According to Frerichs, in this form of hypertrophy of the liver, the functions of the organ are usually impaired, the secretion of bile is diminished, and in the cases recorded by this author it was so far arrested that the intestinal contents were destitute of bile.

*Kidneys.*—Here, as in the liver, occurs the development of lymphomatous tissue, and the blood by which they are visited is morbidly rich in leucocytes. Also the changes consist here for the most part in an infiltration, with which may be associated the formation of round nodules and masses. Fatty degeneration, extravasation of blood in the pelvis, interstitial deposit of uric acid and actual calculi, and even changes indicative of actual Bright's disease of various kinds have been noticed. According to observations these organs have been found abnormal in half of the cases of splenic leucocythæmia.

The suprarenal bodies, as well as the thymus gland, have been found enlarged and diseased. Effusion into the pericardial sac and into the pleural cavities is common. The vessels of the meninges are found to be distended with pale blood or pale clot. The skin is occasionally the seat of furuncles and ecchymatous pustules, and in rare cases of growths; the lungs altered; the heart displaced by the abdominal enlargement. Of bony or medullary changes I have already spoken, forgetting only to mention that the tenderness is sometimes extreme, and that when the change is advanced the bone may be swollen.

*Blood.*—And now I will take the blood as the most important factor in the production of leucocythæmia, as well as of its diagnosis.

"If we draw a drop of leucocythæmic blood during life from a finger we will find this paler than normal, and often presents a milky appearance, which greatly contrasts with the clear rose-color of simple anæmia. The color may be grayish-red, and even may resemble a mixture of pus and blood; this is supposed to depend on the great increase of leucocytes. Coagulation may not be affected when the change is *slight* and the blood is drawn into a vessel. When more *considerable*, between the ordinary white and red portions of the clot is a layer of softer consistence, composed entirely of white corpuscles, and the red clot is paler and more opaque than usual, and contains many white corpuscles; but when extreme, coagulation is imperfect, and a soft granular mass results, chocolate-brown in color, often containing white or yellowish points. The puslike appearance of the blood may be very marked in some clots, as in a case related by Virchow, in which, when the ventricle was opened, an assistant exclaimed, 'There is an abscess.' The blood-clots have also been found of a slimy consistence and semitranslucent appearance, resembling certain nasal polypi. If the fibrin is separated from the blood by 'whipping,' and the defibrinated blood allowed to stand, it separates, as Donné first pointed out, into three layers; the red corpuscles sink rapidly to the bottom, and constitute a lowest red layer; above this is a pale layer consisting of the white, and above this is still another layer formed by the liquor sanguinis, from which the corpuscles have sunk." (Growers.)

"Tanner tells us that, on placing an ounce of leucocythæmic blood which has been freed from fibrin in a narrow glass, the red corpuscles sink to the bottom, while the upper part of the mass looks like milk. He thinks this appearance to be due to the colorless corpuscles, and that it may be distinguished from that caused by fat, owing to the circumstance that it is not removed by ether."

As will be readily understood, what I have mentioned will give us a clue to the diagnosis of this somewhat obscure disease. Besides, on looking at the blood microscopically, under a magnifying power of 250 diameters, the yellow and colorless corpuscles are at first seen rolling together, the excess in the number of the latter being at once recognizable and becoming more evident as the colored bodies aggregate together in rolls, leaving clear spaces between them filled with the colorless ones. The results of chemical analyses on nine cases recorded by Bennett show an excess of fibrin and a diminution of blood-corpuscles. The fat in the blood was



found also increased by Robertson. The amount of iron, as well as of albumen, is said to be diminished.

In the blood, as in the spleen, various substances have been found which are not present in this fluid when normal. Among them I may mention mucin, glucin, or a body analogous to it, hypoxanthin, xanthin, kreatin, leucin, uric acid, and also acetic, lactic, and formic acids, as well as the crystals mentioned when I spoke of the spleen. But going back to the corpuscles, let me quote from Growers the following lines: "In all cases of splenic cachexia the absolute number of corpuscles is lessened. Whether there is or is not leucocythæmia, there is always 'anæmia.' This diminution in the red corpuscles was long ago insisted upon by Virchow as an integral part of leucocythæmia. The diminution bears no necessary relation to the proportion of white corpuscles. Nevertheless, when an increase in the white exists, there is always a considerable deficiency of red, and when there is a very great excess of white there is a correspondingly great deficiency of red; and so by the method of subsidence it is always found that, as the layer of pale corpuscles increases, the layer of the red diminishes. The number of pale corpuscles is never sufficient to compensate for the deficiency in the red, and so the leucocythæmia is related to an absolute diminution in all the corpuscles of the blood, both red and white."

It has been, it seems, very difficult to estimate the relative proportion of white and red in various parts of the vascular system, but all observers agree that it is greater on the right than on the left side of the heart; also that the proportion is greater in the splenic vein than elsewhere. Magnus Huss, to distinguish this affection from other conditions of slighter blood-change, has proposed that only those cases should be considered as leucocythæmia in which the proportion of white to red exceeds one to twenty. But this line, if adopted at all, must be with reservation, as cases of commencing leucocythæmia have been observed in which the proportion of white to red was far less than one to twenty; hence we can readily see that his line of demarcation is of limited application. "It is in the early stages, as Reynolds well asserts, that this disease is of difficult recognition, and to determine the degree of blood-change is a matter of great practical importance."

The points, this writer says, on which the diagnosis must turn in these cases of commencing leucocythæmia are the recognition of a progressive increase in the white corpuscles of the blood, associated with a distinct enlargement of the spleen.

Hence the only exact method of ascertaining such degree is by counting the number of red and white. Several ways have been devised to conduct this observation, but the best at our disposal is by means of an instrument called the hæmacytometer, which (the modified of Growers) consists of (1) a small pipette, holding exactly 995 cubic millimeters; (2) a fine capillary tube, holding 5 cubic millimeters; (3) a small glass jar, in which a dilution of the blood is made. Various diluting solutions have been recommended, in order to change as little as possible the aspect of the corpuscles. One which answers very well is a solution of Sulphate of soda of a specific gravity of 1025. The mode of proceeding is simple. A pipetteful of the solution is placed in the mixing vessel, five cubic millimeters of blood are drawn into the capillary tube from a drop in the finger, and then blown out into the solution. The two are well mixed by a glass rod, a drop of the dilution is placed in the centre of the cell, the covering-glass applied and secured by springs, and the slide placed on the stage of the microscope. The lens then is focussed to the squares. In a few minutes the corpuscles have sunk on to the squares. The number in ten squares is then counted.—Vide *Lancet*, December 1st, 1877.

Before leaving the blood, allow me to state that the chemical reaction of the blood in leucocythæmia is said to be acid by some, and Growers tells us that the difficulty of understanding that the chemical processes of the body can be carried on with acid blood makes it probable that the acid condition observed after death was the result of post-mortem decomposition. The specific gravity of the blood is another guide for the diagnosis of leucocythæmia. It is said to be lessened, being in health between 1052 and 1057. In leucocythæmia it varies from 1036 to 1049. This diminution, says also Growers, depends on a decrease in the amount of solids, and on a corresponding increase in the amount of water. The proportion of water in health is 790 parts per 1000; in leucocythæmia it is usually more than this.

*Symptoms.*—This disease, for the sake of convenience, may be divided into three periods: (1) Initiation, (2) Progressive, and (3) Terminal.

1. The first presents general symptoms very vague, such as great pallor, debility, languor, dyspnoea, and even increased gradual emaciation, etc. In not a few cases this condition has been confounded with paludal cachexia, scrofula, and anemia; and the alteration, if present, can only be confirmed by a scrupulous examination of the spleen or lymphatic ganglia, or both.

Otherwise we have to depend entirely on the analysis of the blood, which at this period offers but little security.

2. The second period is better characterized, and here the hæmic analysis, in the manner described above, is of great importance, as it is perhaps the only sure guide for diagnosis. The manner of being of the patient gives us good light also. He is very indifferent, with a moral depression of great semeiotic interest. If the spleen is attacked, as is generally the case, we find the organ tumefied, and this tumefaction in some cases so great as to form a considerable tumor, nearly reaching the crest of the ilium. (Here to be confounded with hypertrophy of the spleen, which is a common sequela of ague.) Out of 108 cases, 25 per cent. had splenic pain. If the lymphatics are involved we can notice spontaneous and painless infarction of the superficial ganglia of the abdomen, or the deep ganglia of the neck, axilla, or groins, which if we do not consult the hæmic data may lead us to a false diagnosis (lymphadenoma). In a great number of cases hæmorrhages occurred, soon after the commencement, generally from the nose, rarely from the bowels, stomach, or uterus. Although there is more or less swelling of the abdomen, owing to the enlarged spleen, liver, or both, the patient complains of exaggerated astriction in this region. There is sometimes pressure on the stomach, which often leads to vomiting of food; or, when food is retained, to imperfect digestion. This pressure reaches its maximum after a meal. The spleen has been noticed at that time to increase in size; also to be larger in the morning than in the evening. Diarrhœa is occasionally an early symptom, but generally occurs in the last stage, being then a very common cause of death. There has been also much suffering from loss of appetite, nausea, jaundice, cough and dyspnœa. The jaundice is rare, and appears to be due to compression of the bile-ducts by enlarged glands in the hilus of the liver. The cough, which is frequently due to various sources of irritation of the par vagi, is often a very early symptom. The dyspnœa amounts in many cases, especially if the glands of the neck are enlarged, to the extremest suffocation. It may be attributed, as in simple anæmia, to the diminished capacity of the blood, or by compression of the lungs and bronchi, caused by glandular tumors in the posterior or anterior mediastinum. The heart, as said before, may be displaced upwards by the abdominal enlargement, and may even come to be almost horizontal in position. Its action is also disturbed by the anæmia and pressure, so that palpitation is a common symptom. Pulse generally frequent, sometimes extremely so



—160 to 170 per minute, especially during attacks of functional disturbance. Temperature commonly much higher in the evening than in the morning; rarely highest in the morning; very variable, from  $100^{\circ}$  to  $105^{\circ}$ . Noises in the ear and deafness, especially towards the end, have been observed. A pathological change has occurred in the retina, visible with the ophthalmoscope, which has been called *lucæmic retinitis*. With more or less of these sufferings the patient lingers from day to day, until febrile accessions of various types, together with increased prostration and emaciation, commence to show the progressive march of the disease towards the terminal stage.

3. The terminal stage is characterized by the consumption which the leucæmic evolution has brought to bear upon the organism, associated with considerable diarrhœa, occasionally of a dysenteric nature, with serous infiltration, especially in the abdominal cavity, so great sometimes as to call for paracentesis; subcutaneous œdema of the inferior extremities, extending sometimes to scrotum and trunk, and which may be so great as to separate the epidermis; and, finally, febrile accessions, with tendency to become continuous, and which, oscillating between  $100^{\circ}$ ,  $101^{\circ}$ ,  $103^{\circ}$ , and even  $105^{\circ}$ , end with the destruction of what little support remains in the system.

*Urine.*—There are, besides, alterations in the urine, such as a considerable diminution of its urea and increase of uric acid and urates. We find also hypoxanthin and hippuric acid, the latter sometimes replaced by benzoic acid, all this showing a perverted nutrition. It is commonly acid in reaction and has a medium or high sp. gr., 1020–1030.

*Course, Duration, and Termination.*—The course is continuous, although it may be interrupted by the detention of process and by the relief of same. It may last months and even years. The termination usually is death by asthenia.

*Complications.*—Such as have no connection with the process of the original trouble. Those which have been more frequently met with are: Fatty degeneration of liver (common), pleural effusion (frequent), œdema of lungs (also common), hypostatic congestion (towards the end), acute lobar pneumonia (fatal), usually single, rarely extensive; phthisis (rare), pericardial effusion (occasionally), thrombosis in a few cases (more frequent in Hodgkin's disease), cerebral hæmorrhages (occasional and very grave), cirrhosis of liver in a few cases, Bright's disease (occasional), renal calculi (three cases), furuncles (occasional), pemphigus (rare, towards end), erysipelas (late) in œdematous parts.

*Causes of Death.*—The most frequently observed are: Asthenia, loss of blood, diarrhoea, cerebral hæmorrhage, lung disease. In one case the cause was thrombosis in a cerebral sinus. In another, rupture of the spleen (septicæmia in one, varioloid in one, suppuration of vulvar gland in one, and diphtheria in two, are independent causes).

*Differential Diagnosis.*—When speaking of the blood, I have given the best guides for diagnosis.

Anæmia is the affection most likely to be mistaken for leucocythæmia. In splenic anæmia there are the same tumor, the same anæmia, and many of the same constitutional symptoms, œdema, and even hæmorrhages.

#### ANÆMIA.

Is the partial want of blood. Its density is diminished, and there is a deficiency in the numbers of the red corpuscles.

In consequence of hæmorrhages, abundant bleeding, poor alimentation, and nervous disorders.

Analysis of blood does not show a marked disproportion between red and white globules.

General symptoms which are dependent on partial want of blood do not cause constant lesions in determined viscera.

Bowels irregular.

Dyspnoea due to the diminished capacity of the blood for oxygen.

#### LEUCOCYTHÆMIA.

There is an increase of the colorless corpuscles.

Although it may recognize equal causes, it is distinguished from anæmia in that the determining ones are those which go to act upon the spleen and lymphatics.

Analysis shows a great increase of the white. Health 1:343; disease, 1:3 or 1:5. (According to Mole-schott.)

General symptoms associated almost always with splenic and lymphatic alterations.

Constipation very rare; diarrhoea very common, especially late.

Although it may recognize equal cause, it is more generally dependent on pressure on the thorax, lungs, or bronchi, either by the enlarged spleen or by glandular tumors in the anterior and posterior mediastinum.

Adénie or Hodgkin's disease is another affection which may be mistaken for leucocythæmia. In Hodgkin's disease the glands are always affected and the spleen rarely enlarged. Both are characterized by the development of lymphomatous tissue in various organs. Histologically, their new growths are precisely similar; but the essential difference between the two affections consists in that the new formation of lymphatic tissue in Hodgkin's disease is not associated with any notable increase in the number of the colorless corpuscles.

With tuberculosis it cannot be mistaken, because the increase

of colorless corpuscles in this affection is not progressive, and never reaches the proportion which it does in leucocythæmia. Besides, the spleen is rarely enlarged in the former affection.

With cancer, in which there is a considerable excess of white corpuscles, it may be mistaken when this is located in the abdominal glands or near the spleen. A careful examination will decide the question.

In suppuration there may be a large excess of leucocytes, but this is temporary and disappears soon after the abscess is opened.

An error may be prevented by remembering that, in certain conditions, a hæmorrhage may cause a large excess of colorless corpuscles.

*Treatment.*—The old school, with its contractile-tissue remedies, Quinine, Ergotin, and Piperin, its mercurial inunctions, its electric applications, cold douches, the indiscriminate use of Iron, Arsenic, Phosphorus, Cod-liver oil, etc., has done very little or nothing which has been capable of arresting the progress of this peculiar trouble; some of its men even acknowledging their constant failures in the textbooks. How far homœopathy has been successful in the treatment of this disease I am not prepared to say, but, knowing as I know the never-failing power of our law, I cannot help saying that with the indicated remedy, even diseases unknown to us will be cured. Hahnemann gave us a good example of this truth in his prediction of the applicability of Cuprum, Camphor, and Veratrum for cholera before this terrible disease had invaded Europe. And here allow me, before I go any further, to present to your consideration the views of a man whose death we yet lament, Dr. von Grauvogl. This learned man will not admit this disease to be, as Virchow thinks, a disease *sui generis*, but a microscopic curiosity. He says that this affection was known to older physicians under the name of "sycosis," which diathesis had, in their view, a much wider range than that given it by Hahnemann, who recognized it only as an infection of the system by the virus of gonorrhœa and its accompanying condyloma. Von Grauvogl would admit this as one of its existing causes, but believes the essential condition to be one in which the blood contains too much water. In it there is a tendency to profuse mucous secretions and to gelatinous exudations (no pus or fibrin forming) in parenchymatous organs. The patients feel worse in cold, damp weather and in rain, and their complaints are aggravated by everything which increases the proportion of water in the blood, as bathing,



eating fish, drinking much fluid, etc. These views, as Dr. Hughes says, and whose words I have just copied, led him to some excellent remedies for the morbid condition before us. In paragraphs 295 to 300 and 329 to 339, of his *Textbook of Homœopathy*, you will find these views extensively pointed out.

Lilienthal gives us the following remedies for our study :

Pieric acid, when there is no organic change. Also late, when the debility is profound. It has produced leucocythæmia in dogs (Elb.).

Thuja, when there is a gonorrhœal anamnesis; leucæmia medullaris.

Nat. m., Nat. sulph., Aranea, Nux v., and Ipecac for the splenic and lymphatic forms.

Nat. phos., scrofulosis, glandular swelling, helminthiasis.

Arsenic may be indicated late, when there is great prostration, diarrhœa, tensive-pressive pain in the spleen, with induration and enlargement, ascites, œdema of lower extremities, pallor, etc.

Apis deserves our study, especially for the œdema, dyspnœa, etc.

China for the debilitating diarrhœa and enlarged spleen, especially if there are aching pains, stitches, oppression of chest, anasarca, and ascites in organic troubles of liver and spleen.

Agaricus mur., when there is extensive hypertrophy of the spleen.

Psorinum; sharp, stinging pains in region of liver and spleen, dyspnœa and dropsy, etc.

Nux mosch., enlarged spleen, loose bowels, stitches in spleen, abdomen very much distended, dropsy, etc.

For dropsy secondary to diseases of the liver or spleen, Aurum, Carduus, Chimaph., China, Cuprum, Fluoric acid, Iris, Lachesis, Leptan., Lycop., Merc., etc.

In Acetic acid I find the following symptoms :

Low-spirited; weak and weary limbs; great thirst in dropsy; diarrhœa, with œdema of legs and feet; skin pale, waxen; sour belching; hurried and laborious breathing; hectic fever, with cough; dyspnœa; night sweats; diarrhœa; œdema and emaciation; hæmorrhages from nose, lungs, stomach, bowels, and uterus; general anasarca and dropsy of abdomen and legs, with great thirst; wasting away; great emaciation.

I have mentioned this last remedy because I wish to pre-

sent the history of a case of enlarged spleen, or splenic anæmia, which I treated without any benefit six years ago (in Cuba).

This patient had been under allopathic treatment, where she received Quevenne's iron, in the form of pills, by the bushel. Also Arsenic, Quinine, Mercury, and Cod-liver oil. Under my care she received Bryo., Arsenic, Apis, China, and Sulph., and although I studied the case carefully no improvement was noticed, and the patient left me. I lost sight of the case until three years ago, when, on a visit home, I saw her again, enjoying perfect health. I asked the manner in which she recovered. She answered: "What you doctors could not do with all your drugs, an old lady has done with only a dose of Epsom salts and the constant or continued use of acidulated water with sugar." She meant by acidulated water, ten to twenty drops of vinegar in sugar and water. Now, when I compared my notebook with the symptoms of Acetic acid above mentioned, I found that, with the exception of nightsweats, which I never observed in this case, all the others were present. Consequently this case, which was perhaps one of advancing leucocythæmia, was cured by a homœopathic remedy; and I believe it was leucocythæmia, because I remember that besides the splenic, there was enlargement and induration of the lymphatics, especially of the neck and other parts, there being no history of previous ague. At that time my limited knowledge of pathology and *materia medica* did not allow me either to know the condition or find the *similimum*, which, in this case, was undoubtedly Acetic acid.

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## THE TREATMENT OF PNEUMONIA AND VARIOLA.

BEING THE REPORT OF THE BUREAU OF CLINICAL MEDICINE OF THE  
HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILA-  
DELPHIA. A. KORNDORFER, M.D., CHAIRMAN.

YOUR Committee having decided to report upon the treatment of pneumonia, addressed, by postal card notice, each member of the County Society. In reply, two papers have been offered, and will be read this evening, viz.: "Drug Specialties in Pneumonia," by J. C. Morgan, M.D., and "Clinical Cases," by J. Sperry Thomas, M.D; in addition to which we have some useful hints from Dr. Neidhard and a suggestion from Dr. Kniffin. Dr. Neidhard asserts that "the most certain and reliable diagnostic symptom in acute inflammation

of the lungs is the shortness and rapidity of breathing. Even in children, where auscultation and percussion are often very difficult, you can detect it by this symptom."

Regarding treatment, the doctor says: "In many cases I commence the treatment with *Aconite* 1 to 6 in water, if there is high fever, with stitches in the side; if aggravated by deep breathing and the least motion, *Bryonia* asserts its old superiority.

"If there is great dyspnoea, with dulness on percussion, and pain in the left lung, *Kali hydriod.* deserves the preference, particularly in tubercular constitutions, whilst Bromium for the same symptoms seems to exert more influence on the right lung.

"If complicated with valvular disease of the heart, particularly mitral, no remedy is superior to the *Iodide of arsenic*. The last remedy is also the most serviceable in hepatization of the lungs remaining after pneumonia. In threatened paralysis of the lungs, with great accumulation of loose phlegm, difficulty of breathing, and constant perspiration, I have found *Tart. emet.*, 3d trit., of superior efficacy. In cases accompanied by tickling in the larynx and trachea and palpitation of the heart, *Laurocerasus*, in not too small doses, is of the highest importance.

"If the cough is persistently hard, with blueness of the face, and the phlegm difficult to expectorate, *Phosph.* will always be the remedy."

Dr. Kniffin suggested that an oil-silk jacket lined with raw cotton had served him well in several cases of pneumonia of old persons, being used for the purpose of "maintaining the temperature, and, if possible, a slight moisture over the surface of the chest." This latter feature he considered of importance.

Dr. Parker reports exceptionally good results in the treatment of small-pox from the use of Teste's method, *i. e.*, *Causticum*<sup>30</sup> in the morning, and *Merc. corr.*<sup>30</sup> in the afternoon,—the patients escaping the secondary fever even in cases of the confluent form of the disease. The doctor suggested that, according to certain experiences which he had, it would seem that "if the rash is not developed, the *Caust.* and *Merc. corr.* appear to prevent its eruption," therefore doing injury instead of affording relief. He had also tried the Carbolic acid treatment, as recommended by Dr. Middleton in Hale's *Therapeutics*, with good results, but not so good as with Teste's method. *Varolinum*<sup>300</sup> he thinks will prevent any one from taking the disease, except babies, a fact for which he cannot account.



## DRUG SPECIALTIES IN PNEUMONIA.

BY JOHN C. MORGAN, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

IN *pneumonia*, with bronchitis, due to *gunshot wound*, perforating the lung, I have observed good effects from crude *Opium* in the stage of primary shock; cyanosed skin, coldness; anxious face; dyspnœa, with great pain at every breath; breathing accelerated; expirations transformed into loud grunts, continuously; lying on the back, with head and shoulders high.

*Veratrum viride*θ.—For intense febrile reaction, with frequent tense pulse and heat of skin. The exactness of this prescription was, however, marred by the joint use of Tart. emet. and Morphia.

*Ipecac*θ.—In severe dyspnœa, due to clogging of the larger bronchi by inflammatory exudation; breathing extremely labored, wheezing, accelerated; compelled to sit upon the edge of the cot, with arms on the back of a camp-chair, and head supported thereon. Pale, but warm face; anxious, distressed expression; feverishness. The attack was brought on, in the midst of a most happy progress, some ten days after the wounding, by a tumblerful of milk-punch allopathically (and surreptitiously) prescribed. The fluid extract, in one-drop doses, frequently repeated, from 7 P.M. until about 4 A.M., was followed by complete relief, with free expectoration, and rapid convalescence.

In the *pneumonic form* of “malarial” *pernicious fevers* (as well as in other forms of the same), the following drugs have proved useful:

*Camphora*θ.—At the very inception, with absence of all localized indication; severe congestive chill, with flying lancinating neuralgic stitches all over the body and limbs; coldness, paleness, blueness; mental dulness with restlessness owing to the pains. *Febrile reaction* soon following, the same remedy appeared at first beneficial, *versus* frequent, large, compressible pulse; hot skin, congested face, with congestion of both lungs. *Later, useless, versus* stupor, loud fluid rattling in the chest (symptoms suited to *Aconitum*).

*Rhus tox.*—Milder cases, with dulness of brain, restlessness (misleading to Arsen.) aggravation towards morning. Bloody, soft sputa; dark redness of face; stupid wilfulness and abruptness; preoccupied muttering (a busy, incoherent, intermittent,

laconic loquacity). The patient has been robust previous to sickness; Arsen., not so vigorous in general.

*Capsicum*<sup>3</sup>.—General cyanosis, with burning-biting heat, objectively apparent; internal burning (throat, abdomen, etc.). Irritative cough; burning in air-passages. Cases previously under depressing influences, as homesickness, privation, exposure, etc. (In some ordinary cases, after allopathic abuse of Quinia, of *very recent date*, in sensitive subjects, I would prefer this drug to other antidotes, such as Nux v.)

*Gelsemium*<sup>2</sup>.\*.—°In mild, fresh cases, with malarial environment; crimson face, with fever; mild, drowsy manner; heavy-looking eyes; moderate thirst; cough, with rusty sputa.

[*Baptisia*.—I have no personal experience with this drug in pneumonia. Dr. G. B. Palmer, however, commends it.\* Besides, such is its resemblance to the typhoid form in some of its pathogenetic as well as clinical symptoms, that I venture to insert it here, *versus*—heat, flashing from small of back, in all directions; heat, with dyspnœa, from a feeling of want of power in the respiratory apparatus; waking with great dyspnœa, the lungs feeling tight and compressed; craves fresh air from the open window, with burning heat of skin; seeks a cool place in bed, and wants hands and face washed in cold water; dry tongue, increased action of the heart, accelerated pulse, and a “peculiar feeling” in the brain, like a delirious excitement. °Stupidity, with slow attention to questions, and blueness of ears; besotted countenance; unquiet sleep; °nervousness, restlessness; pulse full and frequent. Tired, weak, bruised feeling all over; cannot lie long upon the sacrum or on any other part,—they soon become too painful, as if bedsores would result. Vertigo. Tongue brown, or blue, or dark red; sometimes striped down the centre, yellow, or yellowish-brown; bloody oozing from gums on pressure. Troublesome cough; mucous expectoration. Sinking at the epigastrium. Præcordial oppression; sharp pains in the lungs, and soreness; aggravation by taking a long breath; feeling of unsatisfied breathing. °Fetid breath and stools.]

*Nux vomica*<sup>3</sup>, the well-known general antidote to allopathic drugging, has cured for me a left-sided pneumonia in a steady business man in Illinois, in somewhat advanced life, who, judging from the outset, had taken “Cholagogue,” an anti-malarial nostrum, supposing he had chills and fever, until, alarmed by the rusty, bloody expectoration, he sent for me. I found him sitting in an armchair, with moderate fever and

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\* Trans. Hom. Med. Soc. State of N. Y., 1869, p. 636.

pain, and the lower lobe of the left lung in the early second stage of pneumonia. *Rx. Nux vom.*<sup>3</sup> every three hours rapidly cured.

*Aconitum*.—Here I wish first to verify the indication of Dr. C. Pearson, which has proved curative, viz.: "Sputa consisting of lumps of very dark or blackish blood." Secondly, I would state and emphasize an indication\* which I believe to be new, so far as clinical observation is concerned, viz.: Colliquative state of all secretions, including the pulmonary; the breathing sounds like a thin fluid rattling in the chest, with both inspiration and expiration; cyanotic paleness. Thirdly, in little children, *desire to be carried about*; resting the head alternately upon the arm and shoulder of the nurse, with restless anxiety, great thirst, sunken eyes, and expression of distress. Fourthly, recurring to the second stage of pneumonic congestive or malarial "pernicious fever;" loud mucous râles, deep sighing, with sense of congestion and slow circulation in the lungs; fear of suffocation; oppression, anxiety, and painful stitches between the shoulders when breathing deeply.

*Mercurius* is an old and trusted remedy for all obstinate inflammations, including pneumonia, in allopathic practice. Usually, as the constitutional impression is declared by tenderness of the gums, decided amelioration occurs in the lung. By homœopaths it is somewhat neglected in true pneumonia. The characteristics are: Fever, with unrelieving sweat; burning and raw soreness in chest, or stitches in right lung, when coughing; large, flabby, wet, tooth-indented tongue; soreness in the ribs on pressure; "biliousness;" fetid breath; thirst; diarrhœa; infrequent, dry, fatiguing cough, without rusty expectoration, although the lung is hepatized; salivary appearance of sputa. Complication with bronchitis.

*Sulphur* is the well-known remedy of the German homœopaths in the *status exudativus*. I will only allude to my own use of it in one case: An old lady got pneumonia of the left apex, with the characteristic stitch (of Sulphur). Dose, 200th, every six hours; great improvement for a day or two; then, suddenly, a rigor, with mental dulness. Auscultation showed the pneumonic congestive area doubled, by extension downward. As the old lady's normal temperament was one of marked centric nerve-tension (opposite of Sulphur), I suspected drug-aggravation, but contemplated calling counsel. On careful and cool reflection, concluded to give *Sac lac.*, and

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\* Compare Allen's Encyclopedia, §§ 923, 957, 958, 812.



watch the case for six hours (experience having shown that the vital ebb and flow, in moderately acute diseases, observes nearly the same periods with the Neptunic tides); counsel to be then called, if no better. After the lapse of that time, found great improvement in all respects; mind clear; auscultation showed the crepitus receding upward. Continued *Sac. lac.* Rapid cure followed, without further trouble.

*Tartar emetic*<sup>200</sup>.—Of this, I have to vary from the usual statement of symptoms. I find it meets the cyanotic and torpid, non-expectorating cases of little children and old people, with *wheezy respiration and rattling cough*; \* danger of slow suffocation and sinking.

*Sambucus*<sup>200</sup>.—°The patient is roused suddenly from sleep in the "small hours" of the night, with suffocation from accumulated sputa, or laryngeal spasm.

*Cina*.—I mention this drug, in order to preserve the record of a case in which Dr. Carroll Dunham was called in consultation. Pneumonia in a young child; few symptoms; the most striking was a constant *boing with the finger in the nose*. By advice of Dr. Dunham, *Cina* was given, and the cure speedily followed.

*Pulsatilla* is the remedy when, after the resolution of the severe inflammation, there lingers a loose cough; free, yellowish-greenish expectoration; debility and inertia of mind and body.

*Ratanhia*<sup>200</sup>.—°In cases of expectoration like that of *Pulsatilla*, but other symptoms are more acute; acute aggravation of chronic form. Febrile paroxysms, ushered in with chills beginning "in the shoulders and sides." Mental anxiety as to the result. *Ratanhia* was given with lasting benefit.

*Calcarea sulphurica*<sup>30</sup> (*Schüssler*).—In all cases of *suppuration after a free vent is established* in any part of the body, I have found *Calc. sulph.* rapidly finish this process, and heal the cavity. In a recent case of senile phthisis, with abscess (the old lady being *fatally* wedded to her anodyne, "Bromidia," and continuing its use), with profuse purulent expectoration, this drug was nevertheless given, somewhat under protest, three times a day. The effect was perfect as to this symptom—suppuration gradually and completely ceased; but she desired to die, and gradually sank. For *pneumonic abscess* it is a remedy of great promise, always provided that

\* Ipecac, versus moderately rattling breathing and cough. If extreme, *Acon.*

the pus has found a free vent. If not, the next two drugs (also from Schüssler) have been found better against the formation and extension of abscesses elsewhere, and promise well here also.

*Ferrum phosphoricum*<sup>12</sup> to <sup>30</sup> I have found indispensable in the first stage of "infantile pneumonia," for fever, cough, pain, flushed face, thirst, fretfulness; catarrhal symptoms.

*Kali muriaticum*.—When the acute fever is reduced, exudation processes have set in, expectoration, if any, is whitish and opaque.

*Kali sulph.* in lingering cases; yellowish sputa.

*Lachesis* is adapted to cases in which gangrene of the lung is threatened, especially of the left lung. (*Crotalus* reveals affinities for the right side of the body, but is otherwise closely similar.) *Lachesis* is also related to abscess, and dark hæmorrhagic sputa. Cough during sleep. Intolerance of pressure (throat, etc.); aggravation of symptoms on waking from sleep.

*Kreosotum*, in cases of scorbutic taint, subacute; with spongy gums, loose bowels; gastric derangements. *Kreosot.* has been successfully given in pulmonary gangrene.

*Nitrate of sanguinarina* has been empirically used, and has also been partially proved, and deserves consideration in catarrhal and croupous processes, nasal, bronchitic, and pneumonic; with constrictive sensations, difficult deglutition, aphonia, and cough; acute and chronic forms; formation of pseudo-membrane.

## PNEUMONIA—CLINICAL CASES.

BY J. SPERRY THOMAS, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

CASE I.—Louis B., æt. 10. Pneumonia right side, with pleuritis, the attack following a chill after taking a cold bath. Cough dry with but little expectoration, and extremely distressing, patient screaming with pain on each effort at coughing. Tongue dry and heavily coated white, with great dryness of mouth. Auscultation revealed slight crepitation, and on palpation found decreased mobility with increased vocal fremitus. Sharp stitching pain through the lung, with constant dread of moving; even lifting the hand or turning of the head on the pillow increased his sufferings, the patient lying motionless for hours at a time. Pulse 130, with a temperature of 103°.

Bryonia<sup>6</sup> in water every four hours was prescribed with very good results, temperature falling to 100 and pulse reduced

to 90. *Bryonia* being indicated was continued on through the first and second stages. Having continued the remedy for several days, the expectoration being very scant, and noticing some Sulphur symptoms, I changed the remedy, giving Sulphur.<sup>200</sup>

Visiting my patient next day after prescribing Sulphur, I found him very much worse; pain in lung extremely severe, pulse 120, and temperature 102°. The father of the little boy becoming alarmed at the sudden change during the night, applied a Turpentine stupe to the chest. As you may imagine I was very much surprised at this sudden and unexpected change. Immediately ordered the removal of Turpentine, and went back to my old remedy, *Bryonia*, which seemed more strongly indicated than ever, and was no doubt too hastily changed for Sulphur. Visiting the patient next day, found him very much improved, there being an amelioration of all the symptoms; patient rapidly recovering on *Bryonia* followed by placebo.

CASE II.—George R., æt. 7. Found patient suffering in the early stage of acute pneumonia. Temperature 104°, pulse 140. Great restlessness, hot dry skin, cough dry and hard. Gave Aconite 3<sup>x</sup> in water every three hours with some little relief, but patient seemed to be gradually drifting into a typhoid condition,—insomnia, delirium, right cheek flushed and burning. Bell. was prescribed for these symptoms with apparently but little effect. Cough dry and teasing, expectoration very difficult, and the disease assuming a torpid typhoid condition.

Becoming anxious and somewhat puzzled at the stubborn and persistent character of the disease, and deriving but little benefit from the remedies employed, I prescribed Sulphur 5°, with marked improvement in twenty-four hours, patient having passed from a condition of delirium and stupor to perfect consciousness. Sulphur was continued on through the stage of resolution, patient recovering.

CASE III.—Harriet H., æt. 68. Acute pneumonia from cold and exposure to dampness. Throbbing headache, with ringing in the ears; full round pulse; skin hot but moist, of a pungent character. Bell.<sup>30</sup> was given with much relief for two or three days, but from some cause my patient suffered a relapse, and the disease assumed a more torpid condition, great restlessness, constant tossing about, dull distressing headache, with hardness of hearing, skin dry and hot, expectoration slightly bloodstreaked.



Gave *Rhus tox.*<sup>6</sup> in water every four hours with very good results. *Rhus* was continued on into the stage of resolution. The expectoration became free, very profuse, and purulent, accompanied with a thin, copious, semipurulent otorrhœa. For this condition *Hepar 3<sup>x</sup>* was prescribed, patient making a good recovery.

In the report of the Bureau of Clinical Medicine, February, 1880, I called your attention to the action of *Coto-bark* in colliquative diarrhœa, as given by Dr. Yeo. Obtaining a small quantity of the bark I had an opportunity of testing its merits in one case quite recently.

CASE IV.—Mrs. K., æt. 24, married lady, suffering from phthisis. Her first attack of diarrhœa, occurring in the late stages of the disease, was controlled by China, and remained absent for some two or three weeks, but finally returned with great severity. China, Arsenic, and Iachesis were given as the symptoms seemed to indicate, but without effect.

Remembering the fact of my having on hand some of the *Coto-bark*, and not having the time or opportunity to secure any of the higher attenuation, I prepared the first decimal trituration, prescribing about three grains every four hours. Visiting the patient the following day, I found a decided improvement in regard to character and number of discharges, and in forty-eight hours entire relief from the diarrhœa followed.

This drug certainly deserves a careful homœopathic proving, as we may find in it an excellent remedy in relieving the sick-chamber, and the last hours of the afflicted of that annoying and exceedingly deplorable condition of diarrhœa occurring in the late stages of disease.

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#### DISCUSSION ON PNEUMONIA AND VARIOLA.

REPORTED BY C. MOHR, M.D., SECRETARY.

DR. BIGLER did not much believe in prophylactics against eruptive diseases; he had used *Belladonna* in scarlet fever with negative results.

DR. MORGAN took an opposite view. Vaccination is certainly a prophylactic against variola. During the last fifteen years he had often given *Belladonna* as a prophylactic against scarlatina, and had always succeeded save in two cases, in which, however, the disease was mild.

DR. KORNDORFER again urged the attention of the profession to the Cyanide of potassium as a preventive of small-

pox. Of course this is a dangerous poison, and must, therefore, be used only by the physician himself, and with great caution. Twenty grains of the Cyanide dissolved in two ounces of distilled water are sprinkled about the house. Under the most unfavorable conditions no other case of small-pox had appeared in any one house where this had been done. Dr. Hering and a few others had employed it successfully. Workers in silverplating establishments, where the Cyanide of potassium is used in the bath, never take small-pox. The Cyanide is absent in the saliva of small-pox patients, and is present in the lymph of the vesicle. The longer the lymph shows the presence of the Cyanide the worse the case.

DR. TRITES asked what method Dr. K. employed to test the saliva and lymph.

DR. KORNDORFER: The Chloride of iron will give the characteristic pink reaction when the Cyanide is present.

DR. MORGAN referred to an ointment of Chloride of lime and water in the beginning of cases of small-pox, as recommended by Dr. William Schmœle, to prevent pustulation. It succeeded in but one case, however, and could not be depended on.

DR. STRAUBE called attention to *Melandrinum*, recommended by Dr. Raue. He cited some cases, with subjective symptoms of small-pox, in which the remedy acted well. Thought it was a prophylactic.

DR. GARDINER cited a case to show the uselessness of vaccination as a preventive. A child seven years old was vaccinated, but before the scab dropped off was attacked with confluent form of variola.

DR. ALLEN uses Tar as a disinfectant in small-pox. In 1872 treated fifty-seven cases, curing all but two. *Ipec.*, *Sulph.*, and *Thuja* were the remedies employed. Had seven cases this winter, with no deaths. Always gives *Ipec.* in beginning for the sick stomach. Patient's room is kept well ventilated and at a temperature of 60° F.

DR. TRITES spoke of a case of gangrene of the lung after a right-sided pneumonia, cured by *Lachesis* and *Arsenic*, conjoined with careful diet, rest, and a sojourn in a southern climate. The man had been a hard drinker.

DR. NORTON cited a case of pneumonia cured with *Hyosc.*<sup>200</sup>. There was a violent and constant delirium, and the patient could only with difficulty be kept in bed. Temperature reached above 104° F.

DR. MOHR wished to call attention to *Senega* in the pneu-

monias of old, torpid people. He had used it successfully, though other colleagues reported failures. The failures may be due to a bad preparation, as Senega-root comes to market frequently adulterated. This drug is much used by the allopaths, but generally in combination with *Ammonia*, which is supposed to increase its effects. The indications for the *Senega* and *Ammonium carb.* can be clearly defined, however, and they should always be given singly. *Senega* has much tough mucus, loosened with difficulty, owing to the *torpidity* of the laryngeal and bronchial mucous membranes. *Ammon. carb.* has thin, foamy sputum; in the aged, with adynamic states, there is much rattling in chest (bubbling râles).

DR. MORGAN had had no experience with *Senega* in small doses, but when still practicing allopathy had given teaspoonful doses of the tincture in the last stage of consumption, with relief of the extreme difficulty in breathing, etc.

DR. KORNDORFER had often seen good results with *Senega* in senile catarrh, especially when the cough was associated with painful shocks through the head, but did not think it useful in inflammatory conditions.

DR. MOHR said a febrile state was no contraindication, but *Senega* is not often indicated in the acute stage of inflammatory lung affections. It had frequently proved useful in the *remains* of inflammatory catarrhs, with inveterate cough. He had cured an elderly woman (whose three children had died of tubercular consumption), where, after a severe typhoid pneumonia, there remained some spots of consolidation, and just in these Dr. Hirschell extols its virtues. Discussion closed.

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## Miscellaneous Contributions.

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### HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE regular meeting of the society was held in the Hahnemann Medical College, on Thursday evening, March 10th, 1881, the Vice-President, Dr. W. B. Trites, occupying the chair.

After reading of minutes of February meeting, the censors reported favorably on the applications for membership by Drs. Richard C. Allen, Silas Griffith, and J. Cresswell Lewis, and these gentlemen were duly elected.



The following gentlemen were proposed for membership: Drs. John A. Wrisley, C. H. Baker, John Macdonald, F. Erwein, and Alex. R. Shaw. Dr. Erwein, who goes to Mainz, Germany, was elected under a suspension of the rules.

Dr. H. N. Martin offered the following:

"WHEREAS, There is a bill now before the legislature of this State proposing the appointment by the governor of a State Board of Health, consisting of six persons, therefore,

"Resolved, That this society appoint a committee of three, to propose the names of two homœopathic physicians to the governor for appointment on said board, in case the bill shall become a law." Adopted, and the chair appointed Drs. H. N. Martin, B. W. James, and John C. Morgan.

The following nominations were made for officers to be elected in April next: W. B. Trites, M.D., for President; H. N. Martin, M.D., for Vice-President; A. H. Ashton, M.D., for Treasurer; Charles Mohr, M.D., for Secretary; H. J. Sartin, M.D., George W. Gardiner, M.D., and J. N. Mitchell, M.D., for Censors.

The Bureau of Obstetrics and Gynæcology, J. N. Mitchell, M.D., Chairman, then reported, presenting several able papers, on which an interesting discussion ensued.\*

B. F. Betts, M.D., was appointed Chairman of the Bureau of Obstetrics and Gynæcology for the ensuing year.

At the next (annual) meeting, Dr. C. Neidhard will present a paper on Homœopathic Posology. Adjourned.

FARADIZATION OF THE LARGE INTESTINE FOR CATARRHAL AND ULCERATIVE COLITIS.—Dr. Karetzky has adopted the following plan of treatment in a case of chronic colitis, with ulcerations and atony of the intestines, which had resisted for five years every mode of treatment. The positive pole was introduced into the rectum, while the negative was moved along the entire length of the colon for a few minutes. After each application he also faradized with the brush the skin over the affected region. After the first few sances a very marked improvement was noticed in patient's general and local condition, and he recovered entirely after fifteen applications had been made.—*Vratch.*, 1880, No. 43.

\* Papers and discussion will be published in a future number of the *HAHNEMANNIAN MONTHLY*.

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
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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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**Editorial.**

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A BLACK RECORD.—The record of the nineteenth century when completed will furnish at once the brightest and the darkest page in medical history. The development and promulgation of homœopathy, the discovery of anæsthesia, the introduction of antiseptic methods in surgical practice, the thorough proving of quite a number of important drugs, the researches into the causes of many diseases, the discovery of important facts and principles in physiology, the growth of sanitary science, the marvellous advancement in mechanical surgery, have all left their brilliant impress upon the records of medicine, which the friction of the moving centuries will never obliterate, and which will always make our age memorable in the annals of medicine.

But during these eighty years medicine has been making for itself another record of a very different character, one not at all creditable either to the intelligence or the honesty of its professors. It is written between the lines, and fixes an indelible stain upon the whole century's medical history. We need but to look over the annals of homœopathy in different countries, as presented in the volume just issued by the *American*

*Institute of Homœopathy*, to see that everywhere the new system has encountered foes who scrupled at no method, however dishonorable, to prevent it from gaining a foothold or securing a hearing. It is a record of persecution, of falsehood, of duplicity, of intrigue, and of fraud, such as might be expected of wily and unscrupulous politicians, but which, as exhibited by the members of a learned and benevolent profession, are simply astounding.

It seems to be entirely forgotten by the allopathic profession that all this record, written more or less in obscurity, is, some day in the world's history, to be proclaimed from the house-top. All the professional annals of this century must pass under the criticism of a far more enlightened age than ours; and men will then open their eyes with astonishment at the dense ignorance of the men—the Hookers, the Simpsons, the Wolfs, the Palmers and the Smythes, who attempted to write down homœopathy, and left the evidences of their ignorance upon nearly every page they wrote. Men will wonder at the amazing duplicity which proclaimed homœopathy a delusion, and yet almost moved heaven and earth to keep it from getting a chance to display, practically, just how delusive it was. Most of all will future generations of medical men be astounded and mortified at the brazen dishonesty which, while professing its disbelief in homœopathy, pilfered by wholesale its choicest treasures,—treasures which, they well knew, could never have been discovered but through the knowledge and application of the homœopathic law.

Long before the next century's history is written the grand central doctrine of homœopathy will be adopted by all educated medical men and women. It needs only to maintain its present rate of progress in America to secure that result ere half the twentieth century shall have passed away. The slower and more conservative nations must follow rapidly in order. But the odium of the past will long cling to the history of our art, and the ignorance, the deceit, the wily intrigue, the persecution, and the wholesale plunder which homœopathy encountered, will always be regarded as the most stupendous medical folly of the nineteenth century.

**VACCINATION.**—The mortality from variola, at least here in Philadelphia, is decidedly lessened by vaccinations. But in these days, when the custom is almost universal, there are many who are greatly deceived as to the genuineness of their vaccination. The physician, or, often an irresponsible party, introduces what purports to be effective virus; a sore results,



and the patient goes his way, feeling comparatively secure from the inroads of the small-pox poison. But we venture to assert that, in a great number of instances, his only protection is that which arises from mental quiet and assurance. His vaccination is spurious, incomplete, or merely a septic sore.

Vaccine virus, to be good, must be free from decomposed blood, pus, etc. Its insertion into the body should be followed by a characteristic set of symptoms, without which it is insufficient as a protective.

A successful vaccination exhibits indented vesicles, surrounded by a red areola; and also fever, which appears nine or ten days after the "take." The resulting scar must contain well-defined pittings.

If it is desirable to make an early diagnosis of genuineness, as, for instance, when small-pox has attacked one member of a family and the others are at once vaccinated, great care should be used to avoid the rupture of the vesicles. For their characteristic appearance, when they develop, will enable the physician to distinguish, with some certainty, a true from a spurious "take."

Considering the importance of vaccination, especially if primary, it behooves every physician to thoroughly acquaint himself with the characteristics of cow-pox, that he may give his patients the immunity they seek, and not dismiss them with only a fancied security.

CAUTION.—We received some time ago a small book entitled, "*Handbook of Urinary Analysis, Chemical and Microscopical, etc.*" New York: The Industrial Publication Company, 1880." Opposite the title-page is a cut of a "urinary analysis set," with a reference to a description of it on the last page, where the "set" is offered for sale by "The Industrial Publication Company, 14 Dey Street, New York." One of our friends sent a check for the amount specified in the advertisement, and the check was cashed and returned to the drawer's bank, but no "analysis set" was received by him, and several communications sent to the "Company" have failed to elicit reply. If the affair should be satisfactorily explained we will so report in a future number of this journal.

BACK NUMBERS WANTED.—We need copies of the HAHNE-MANNIAN for January, August, and September, 1880, to complete volumes. If any of our readers have received an extra copy of any one of these numbers, will they please communicate with the Business Manager?

## Notes and Comments.

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THE REPORT ON TRICHINOSIS, prepared by Surgeon Glazier, of the Marine Hospital Service, by order of the Treasury Department, is now being printed by the government. It is said to be very full and complete.

DR. PETTET'S HOMOEOPATHIC DIRECTORY.—We learn that Dr. Pettet will shortly issue another edition of his Directory of Homoeopathic Physicians in North America. If we will all send prompt and careful replies to the doctor's requests for information, we shall have little occasion to criticize the inaccuracies of his work, when completed.

THE NEW YORK MEDICAL REGISTRATION ACT is not securing a universal compliance with its provisions. Some legally disqualified persons are still practicing, and many who possess the necessary educational qualifications have as yet refused to register. No one has, as yet, been convicted and punished for violation of the law; so at least, says a New York journal.

OLEOMARGARINE, according to testimony given before a New York legislative committee, is sometimes manufactured from the fat of offensive meat, and extracted at a temperature of 120 degrees Fahrenheit; nearly 100 degrees too low to destroy animal life in the fat. Of the "lardine" manufactured in Western New York, not one-hundredth per cent. is sold for what it really is.

THE RED BLOOD-CORPUSCLE.—In the new edition of his textbook of Human Physiology, Professor Austin Flint still adheres to his own measurements of the red corpuscles, and states their diameter to be  $\frac{1}{3300}$  inch, notwithstanding the far more careful and exact measurements by Professor J. Edwards Smith, of Cleveland, published in this journal, vol. xiv, page 710, and which show the average diameter to be about  $\frac{1}{3125}$  inch. We are afraid the professor does not read his HAHNEMANNIAN carefully.

STYPTICS IN PLACENTA PRÆVIA.—Professor Nunn, of the Savannah Medical College, suggests the application (through a speculum) of the solution of Perchloride or Subsulphate of iron directly to the bleeding point, repeating the application as fresh portions of the placenta are detached. He thinks the styptic spreads beyond the site of application, and subsequent examinations of the placenta have shown the characteristic stain considerably diffused. Satisfactory results have followed the experiment.

A KNOTTY PROBLEM SOLVED.—Our allopathic brethren are dreadfully exercised about the unauthorized renewal of their prescriptions, by which means the prescriber is defrauded of some of his legitimate fees. They are industriously seeking some method by which this business on the part of the druggists can be prevented. We don't like to meddle in our neighbors' affairs, but would suggest that if all the allopaths will become homoeopaths and do their own dispensing there need be no further trouble about it. Just try it for one year or so, brethren, and see how nicely it works.

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## New Publications.

TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION, held at Philadelphia, under the auspices of the American Institute of Homœopathy, at its twenty-ninth session, June 25th, 26th, 27th, 28th, 29th, 30th, and July 1st, 1876. Vol. II. History of Homœopathy. Philadelphia, Sherman & Co., Printers, 1880. 8vo., pp. 1128.

If all the results of the World's Homœopathic Convention were embraced in this accumulation of historical facts, they would more than compensate for all the toil and expense involved. It is all-important to the future of medical science, that the story of the advent of the grandest medical doctrine ever promulgated, and the reception it encountered, should be carefully and truthfully recorded, and, as far as possible, by the prominent actors and eye-witnesses themselves. Time, sooner or later, vindicates truth, and the history of this particular truth—homœopathy—serves but to confirm the proposition, that universal antagonism to a new doctrine furnishes no evidence whatever of its falsity, but may only evince either ignorance or dishonesty. Hahnemann's law is steadily, but not slowly, making its way, and its universal recognition is just as certain as the progress of human knowledge and the death of human prejudice.

There are two things in the book that will excite surprise. One is, that considering the thoroughly unscrupulous character of the most active opponents of homœopathy, and the legal authority they have been enabled to command in their efforts to suppress it, it should have made a tithe of the progress it exhibits. The other astonishing fact is that there actually *is* in all the world, one spot—a rather small one, it is true—where allopaths do not repudiate the claims of honor and honesty, in their dealings with homœopaths. That bright spot is Cuba. Should some distinguished allopath emigrate to that island, carrying with him his American or European notions respecting the “dignity” of his sect, and with thumbs in armpits, and protuberant abdomen, and swelling diction, proclaim that “all medical wisdom and professional honor centres in *me* and in *my* sect,” he would probably be “sat upon” with much the same vigor and effectiveness that any less pretentious quack would be. It is pleasant to know of one, just *one* place where allopathic physicians are *always* gentlemen, and that, too, without ever forgetting that they are allopaths.

The book opens appropriately, with the history of homœopathy in Germany, and this portion includes, of course, the history of Hahnemann's discovery, and a somewhat detailed account of the differences and difficulties between Hahnemann and his homœopathic contemporaries, as well as of the fierce and relentless hatred excited by the new doctrine. The author of this portion of the work will doubtless excite some unfavorable criticism, on account of the free and easy manner in which he disposes of certain questions that are even now agitating the profession. His work, however, has been in the main well done.



Nearly every country in Europe furnishes to the volume its chapter of history, some of which are of great interest. South America, the West Indies, Australia, Mexico, etc., also send their contributions to swell the vast mass of historical facts and figures. At page 431 begins the history of homœopathy in the United States. This history occupies 634 pages. It contains a mass of detail simply enormous, some of which, it seems to us, might have been omitted with advantage; for instance, the biographical notices of physicians, whose only claim to special mention consists in their having at some time or other taught a rustic school, joined a few societies, contributed to a few journals, or perhaps lectured a term or two in a college (see page 747). Still, having begun the work of a biographer, it was difficult, perhaps, to know just where to stop.

The difficulties which must have attended the preparation of this volume would have discouraged most of us from attempting it, and the critic who would undertake to find fault with those minor defects of execution, etc., incident to the hurried issue of the volume—a hurry enjoined by the Institute—deserves to be compelled to perform just such a work himself. The editor is deserving of all praise for doing his work so well. We wish, however, to call his attention to an oversight in his preface, namely, the omission to mention the vast amount of work done by Drs. Dunham and McClatchey in the preparation of MSS. for the printer, etc. Perhaps, however, it is intended to note these matters properly in Volume I, yet to be issued.

D.

**THERAPEUTIC KEY, OR PRACTICAL GUIDE FOR THE HOMŒOPATHIC TREATMENT OF DISEASES IN GENERAL.** By I. D. Johnson, M.D. 10th edition. Published by Boericke & Tafel, 1881.

This *Key* is carefully printed; we noticed only four or five typographical errors in revising it. The type is clear, and the binding substantial.

Students seem to be especially fond of the book, as would also, we presume, recent converts from other schools. There is, however, a defect in the arrangement of the list of remedies (p. vi of contents), to which the attention of beginners ought to be directed. Several remedies, as Baptisia, Mag. carb., Cactus, etc., are printed in small capitals, while much more important drugs, as Nux, Bry., Sulph., etc., appear in small type. Such a misplaced emphasis may lead to the error that the former are polychrests.

We think, too, that the spelling of Calcareæ, *Calcaria*, is an unnecessary and confusing innovation, since all our standard works adopt the former rendering.

Gelsemium is incorrectly printed with an "n" on page 287, though in other places it is spelled correctly.

Readers should also correct the following: Leptandria, page 128; Tobacum, page 124; Lachnathes, page 86; Carol. ru., page 243; Overitis, page 244; Hellaborus, page 216; Helonius, page 233; Asaph., page 233.

We cannot agree with Dr. Johnson that alcoholic stimulants are never needed in diphtheria (page 87). There is a great difference between use and abuse.

That the *Key* has passed through so many editions is evidence of its extended popularity; a popularity which it has won because of its compactness, brevity, clearness, convenience, and orthodoxy. F.

AN INDEX OF COMPARATIVE THERAPEUTICS, ETC. By Samuel O. L. Potter, M.D. Published by Duncan Brothers, Chicago, 1880.

This *Index* is a duodecimo of two hundred and eighty pages, bound in flexible, leather-covered pasteboard, with the title printed in gold on the folding flap of the nether cover. It is of a convenient size to carry in one's pocket.

The book under consideration claims to "present the therapeutics of the two great medical schools in the manner best adapted to comparative study and quick reference. In parallel columns are placed the remedies recommended by the most eminent and liberal teachers in the regular and homœopathic branches of the profession. The drugs common to both schools are in black type, and following them, in italics, are the remedies peculiar to each."

We are not informed what is the object of Dr. Potter in issuing this book. Possibly, by and by, we may be able to see his reasons. However this may be, we see no proof of any real agreement between the two schools.

In the first place, many of the comparisons are derived from allopathic writers, who appropriated them, unacknowledged, from homœopathic materia medicas and works on practice. Many are not genuine comparisons, but merely coincidences, presenting no other resemblances than identity of name of disease and of name of drug.

In another large group the similarities arise from the result of experience, which has taught physicians that certain drugs are often curative in certain diseases.

In none of these instances, however, is there the least harmony in the principles by which remedies are to be selected. The methods of practice in the two rival schools are diametrically opposite, the one believing in selection by antagonism or contrariety, the other by similarity of disease and drug. As homœopaths employ both primary and secondary symptoms, it must be that these opposed systems of medicine will at times concur, but they more frequently diverge into practices peculiar to themselves—allopathy into the use of purgatives, compounded medicines, alteratives, etc.; homœopathy into the use of subjective symptoms, modalities, etc., wholly unknown to the other school.

In Dr. Potter's comparisons these extremes, which really mark out the individuality of the respective systems, are either disregarded or so changed as to render them indistinguishable, at least so far as homœopathy is concerned. He quotes chiefly that which best agrees with allopathy. He ignores the contributions of Hahnemann, Hering, Dunham, P. P. Wells, Guernsey, Lippe, and many others, who have strictly applied the rules of the *Organon*. More than 90 per cent. of his quotations are taken from the works of Hughes, Hale, and Ruddock. Hahnemann is only mentioned two

or three times, Hering once or twice, Raue not at all. High potencies are denounced as a *bête noir*. Homœopathy itself is degraded in meaning, and so belittled that it will scarcely be recognized as the exalted system some of us believe it to be. On page 144 Dr. Potter says that the central principle of the homœopathic school may easily be traced back to the time of Hippocrates. We may, perhaps, grant this, but most emphatically deny what follows: "But its present position, as the creed of a separate and influential body of practitioners, is chiefly due to the persecution of Hahnemann. . . . The ostracism and persecution of Hahnemann by the medical profession of Germany produced its usual results. The 'Master' speedily advanced the most extreme and dogmatic tenets concerning the nature of disease, and the limit of attenuation of medicines."

Were there any doubts in our mind concerning the ulterior motive of Dr. Potter in issuing his book, these words would effectually dispel them.

He continues: "Two parties were thus formed in the school which he founded, whose present positions are well set forth in the following resolutions." Then follow an extract from the resolutions of the Homœopathic Medical Society of New York, and one from "Friends of Hahnemannian Homœopathy," at the last meeting of the Institute. In the former, liberty of opinion is proclaimed, while in the latter the plain truths of the *Organon* are set forth as the true guides in the practice of medicine.

And the party line must continue to grow more and more distinct, as those who desire submersion into the old school follow the lawless liberty advocated by Dr. Potter's party, while those who rest in the simple tenets of homœopathy remain unflinchingly defending its truths.

Quite appropriate indeed is the title on the cover of the book under discussion: COMPARATIVE THERAPEUTICS—POTTER—for it certainly does not belong to homœopathy.

E. A. F.

A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS, designed as a Manual for Practitioners and Students. By Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy, and late Lecturer on the Surgical Diseases of the Genito-Urinary Organs, and on Minor Surgery, in the Medical Department of the University of the City of New York, etc. Second edition; enlarged and revised. New York: William Wood & Company, 1880. 8vo., pp. 472.

This excellent work is just what it claims to be,—a practical manual for the practitioner and student. Its descriptive text on the more important conditions treated of are short and to the point, while the plan as well as the matter of the differential tables leave little to be desired.

Books of this character—happily on the increase—enable the busy practitioner, in a few minutes, to refresh his memory on a subject that would otherwise require an hour or more in reading some of the complete works as ordinarily written. To the student following lectures, it is a most complete note-book, fixing in his mind the cardinal points of the explanatory lecture. It is useless to review in detail when we can commend an entire book, as in this instance. We would have been glad to see a table of dif-



ferentiation of sarcomatous tumors; but that is a very small defect, while every other article is full of essential points of knowledge. It should have a place in every physician's library.

J. E. J.

## Gleanings.

**IMPACTED FÆCES** are conveniently and effectively "broken up" in the female by vaginal manipulation, instead of rectal.—*New York Medical Record*.

**IN LEPROSY** Dr. Piffard refers to Callotropis, Hydrocotyle, Anacard. occid., Cardol oil, Gurjun balsam, and especially *Chaulmugra* oil.—*New York Medical Record*.

**ANTIDOTES TO IRON** are Hepar and Pulsatilla, unless the symptoms are so complex as to require other medicines according to the rule of similarity of action.—*Materia Medica Pura*, Dudgeon's Trans.

**DIETETIC DELUSIONS.**—Dr. Le Bon says: "All elixirs or wines, sold as containing the essential nutritive principles of meat or blood, are entire delusions. They cannot contain an atom of the albuminoid principles. Albumen is precipitated by the alcohol used in the American method."

**A HINT TO IRON PRESCRIBERS.**—The attempt of the common run of practitioners to produce a purely *strengthening* effect is a capital mistake. For why is the patient so weak? Obviously, because he is ill! Weakness is a mere consequence and a single symptom of his disease. If his disease be removed, then he always, even during the process of removal, regains his strength by the energy of his organism freed from its malady.—*Materia Medica Pura*, Dudgeon's Trans.

**A CAUTION TO VISIONARIES.**—Camphor removes the violent effects of very many extremely different vegetable medicines, and hence it must have a sort of general pathological action, which, however, we are unable to indicate by any general expression, nor can we even attempt to do so for fear of straying into the domain of shadows, where knowledge and observation cease, while imagination deceives us into accepting dreams as truth.—*Materia Medica Pura*, Dudgeon's Trans.

**AN ANCIENT EGYPTIAN IDEA OF THE CIRCULATION.**—"Introduction of the mystery of medicine, the knowledge of the process of the heart, and of the heart (itself). There are in it vessels, which are connected with all the members. As to these, if any physician, any priests of Sechet, any exorcist, place his hands and his fingers upon the occiput, upon the hands, upon the place of the heart, upon the arms, upon the legs, etc., he *touches the heart*, because the vessels of it are in all its (the body's) members."—From the *Papyrus Ebers*.

**CEREBRAL ABSCESS.**—Dr. E. C. Seguin, of New York, reports having had two cases of cerebral abscess in the frontal lobe of the cerebrum. One as large as an English walnut was located under the cortex cerebri, in the convolutions of the orbital lobuli, and in the second frontal convolution. It was a soft, fluctuating, bulging abscess, and yet the pressure in neither case caused optic neuritis—an important observation for ophthalmoscopists. There was caries of the roof and inner wall of the orbit, and pus was found under the orbital periosteum.

This remarkable case seems of much importance as a negative contri-

bution to cerebral localization. It is in exact accord with recent experimental data, and with the post-mortem finding of the last ten years, that an abscess placed like this one should give rise to no motor symptoms, and should not cause aphasia. It is wholly within what are now called the inexcitable districts of the brain. The only symptoms present were the partial paralysis of the left third nerve (more immediately caused by the orbital abscess?) and signs of intracranial pressure.

On the other hand, numerous autopsies are on record in which a smaller lesion (softening, hæmorrhage, etc.), placed a centimeter further back in the left frontal lobe, involving the posterior part of the third frontal gyrus or the band of white substance between it and the nucleus caudatus, has given rise to severe symptoms, hemiplegia or aphasia, singly or combined.

**RULES FOR HOUSE DRAINAGE.**—The Secretary to the "Office of Works" in London has issued the following excellent sanitary rules in constructing buildings:

"1. All water-closets and urinals shall be constructed so that one wall, at least, of such closets and urinals shall be an outer wall of the building.

"2. All soil-pipes shall be carried outside the building, and ventilated by means of pipes leading the foul gases above the highest point of the building, such pipes to be carried to points removed from chimney-stacks.

"3. Separate cisterns shall be constructed for the water-closets, and for the general purposes of the building. No tap or 'draw-off' shall be affixed to any pipe communicating with a cistern supplying a water-closet or urinal.

"4. All waste-pipes and overflow-pipes of cisterns shall terminate in the open air, and be cut off from all direct communication with drains.

"5. Great attention shall be paid to insuring thorough ventilation in all rooms. Rooms so high that their ceilings shall be more than two feet from the top of the windows, corridors, staircases, and other open spaces, shall be specially ventilated so as to prevent the accumulation of stagnant air.

"6. All main drains should, where practicable, be formed outside the building. In the event of its being necessary to carry a main drain underneath a building, it must be trapped immediately outside the main wall, and a ventilating shaft must be carried from that point to the highest part of the roof, as under Rule 2."—*The Sanitarian*.

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## News, Etc.

THE NEW YORK MEDICAL AND SURGICAL JOURNAL has opened a "headquarters" at Chicago, Ill., and will henceforth publish two editions monthly.

SETTLEMENTS, CLASS OF '81.—C. F. Stenger, M.D., 4754 Tacony Street, Bridesburg, Philadelphia.

Edw. Humphreys, M.D., Cape May Court-house, N. J.

ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.—At the recent annual commencement of this college sixteen candidates received the degree. The corporation expects to erect a new college building during the current year.

HOMŒOPATHIC HOSPITAL COLLEGE OF CLEVELAND.—This college at its annual commencement, held, we think, about the latter end of February, graduated a class of forty-five students. The total number of matriculants during the session was one hundred and thirty-four.

PULTE MEDICAL COLLEGE OF CINCINNATI held its annual commencement in College Hall on Wednesday evening, March 2d. Professor J. D. Buck, M.D., Dean of the Faculty, delivered an introductory, and an address was also delivered by Rev. Dr. Goddard. Forty-one candidates received the college degree, three of them being ladies.

THE HOMŒOPATHIC COLLEGE OF CHICAGO held its fifth annual commencement on Tuesday, March 1st, and issued its diploma to twenty-eight graduates. Professor J. S. Mitchell, President of the College, made the opening address, and the valedictory was delivered by Professor J. H. Bufum. The matriculates of the session number eighty-six. Ground has been purchased for a new college building, to be erected during the coming year.

UNIVERSITY OF IOWA.—The medical department of this institution held its fourth commencement March 1st. The degree of M.D. was conferred on sixteen candidates, three of whom were ladies. The annual address was delivered by A. L. Frisbie, D.D. The entire class in the medical department numbered sixty, so that it is fair to assume that this, the youngest of our colleges, has already secured an honorable position among them as to the number of her pupils.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—The twenty-first annual commencement of the New York College was held in Chickering Hall on Thursday evening, March 3d. A brilliant audience occupied the floor and galleries. The graduating class numbered fifty-four members, and the *ad eundem* degree was conferred on Professor G. F. Roberts, M.D., of the University of Iowa. Addresses were delivered by Professor Dowling, the Dean, and Rev. Dr. Conkling. Seventy-one students have passed satisfactory examinations in some or all the branches of the junior course.

THE PHILADELPHIA UNIVERSITY OF MEDICINE AND SURGERY.—On March 19th the Court of Common Pleas of Philadelphia entered a decree prohibiting the exercise of any future corporate acts on the part of the above-named institution. Thus is buried out of sight another, and, we believe, the last, of the doctor-shops which have of late years become a stench in the nostrils of the medical profession.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—The following officers of this society were elected at the annual meeting, held at Albany, February 9th and 10th: President, Selden H. Talcott, M.D., Middletown; Vice-Presidents, J. J. Mitchell, M.D., Newburgh, A. J. Frantz, M.D., Geneva, G. W. Peer, M.D., Rochester; Recording Secretary, A. P. Hollett, M.D., Havana; Corresponding Secretary, C. C. Jones, M.D., Albany; Treasurer, E. S. Coburn, M.D., Troy.

The semi-annual meeting will be held at Watkins Glen, September 6th and 7th, 1881, the annual meeting in Albany, on the second Tuesday in February, 1882.

THE PRESIDENCY OF THE LONDON CONVENTION.—Dr. Edward Hamilton, of London, has resigned the presidency of the convention to assemble in London on July 11th, 1881, and Dr. Richard Hughes has been appointed in his place. The many American physicians who met Dr. Hughes at the Philadelphia Convention in 1876, will be glad to see him occupy this position, and those, who know the active interest he has exhibited in it from the first, and the amount of work he has already bestowed upon it, as well as his great professional and executive ability, will recognize the fitness of making him its president. The convention promises to be one of unusual interest and importance, and it will be a favorable time for our American brethren to visit England.

THE BOGUS DIPLOMA SHOPS.—Commissioner Eaton, of the Bureau of Education, has been notified by Governor Jackson that the Legislature of



West Virginia has passed a bill repealing the charter of the Livingstone Medical University of Charleston. This was another of Buchanan's bogus diploma mills, and had been chartered some years ago in a rush of legislation. Through information furnished by the *Record*, General Eaton was able to notify Governor Jackson of the existence of the charter and the uses to which it was being put.

In addition to the above the Bureau has had the New England University of Arts and Sciences of Boston, Mass., placed upon the fraud list of the Post-office Department, so as to prevent registered letters or money orders being paid to it. This concern was formerly the New England Medical University, or College, and when it was ascertained that its diplomas were being sold in Europe the New Hampshire Legislature repealed the charter. Without even observing the form of asking for a new charter, the party who had the old one soon branched out with the concern to which Postmaster-General James has refused mail facilities.—*Phila. Record*.

INTERNATIONAL HOMŒOPATHIC CONVENTION.—The undersigned were appointed by the American Institute of Homœopathy a Committee of Arrangements, and respectfully furnish to members the following information :

The next session of the Institute will be held at Brighton Beach, near New York, June 14th to 17th, 1881, and arrangements have been made for one of the most valuable meetings of that Association. On Monday, July 11th, the International Homœopathic Convention will assemble in London, and the members of the Institute are invited to attend as delegates. Our English brethren are making extensive preparations for the cordial reception and entertainment of their guests, and the meeting will be one of marked importance in the annals of homœopathy. The Committee hope and trust that the invitation so freely extended will be as heartily accepted, and that America will be well represented.

Besides the great interest of the Convention, the excursion will be a most delightful one. Owing to the large numbers that go across in the month of June, the Committee have been unable so make specially favorable terms with any one line of steamers, though several have offered a discount from established rates.

They have deemed it best to give early information in regard to all the lines, so that each person can decide and secure at as early a day as possible suitable staterooms, and make for themselves the most satisfactory arrangements.

The following are the lines, addresses of agents, sailings, and price of round-trip first-class tickets. They are all well-established and reliable lines :

WHITE STAR, R. J. Cortes, 37 Broadway, New York. *Celtic*, June 18th ; *Britannia*, June 25th ; *Adriatic*, June 30th. \$144 to \$212, according to size and location of staterooms.

INMAN, John G. Dale, 31 Broadway, New York. *City of Chester*, June 16th ; *City of Montreal*, June 23d ; *City of Berlin*, July 2d. \$144 to \$180.

CUNARD, Vernon H. Brown & Co., 4 Bowling Green, New York. *Algeria*, June 15th ; *Scythia*, June 22d ; *Parthia*, June 29th. \$144 to \$180.

GUION, Williams & Guion, 29 Broadway, New York. *Wisconsin*, June 21st ; *Nevada*, June 28th. \$140 to \$175.

ANCHOR, Henderson Brothers, 7 Bowling Green, New York. *Furnessia*, June 18th ; *Anchora*, June 25th. \$100 to \$120. (To London direct.)

NORTH-GERMAN LLOYD, Oelrichs & Co., 2 Bowling Green, New York. *Rhein*, June 18th ; *Neckar*, June 25th. \$165. (To and from London a deduction of \$20 from regular fare.)

HAMBURG-AMERICAN, C. B. Richard & Co., 61 Broadway, New York. *Lessing*, June 23d ; *Frisia*, June 30th. \$185 to London.

NATIONAL, F. J. W. Hurst, 69 Broadway, New York. Sailings every Saturday. \$120.

AMERICAN, Peter Wright & Sons, 307 Walnut Street, Philadelphia. *Illinois*, June 18th; *British King*, June 22d; *Lord Gough*, June 25th; *Pennsylvania*, June 29th. \$110, \$125, \$145, \$160. Tickets by this line permit return by Red Star Line from Antwerp to New York.

ALLAN, H. & A. Allan, Montreal, Canada. *Polynesian*, June 18th; *Parisian*, June 25th. Sail from Quebec via St. Lawrence and Straits of Belle Isle; 5 or 6 days on the ocean. Tickets from New York and return, via White Mountains, Montreal, and Quebec, \$174; from Boston, \$165; from Quebec, \$150.

Every member of the Institute, as soon as he has determined to go, and has secured his passage, is requested to inform this Committee, in order that they may communicate with the Committee of Arrangements in London, who will assist (if desired) as far as possible in providing for their comfort there, at a season when London is always crowded.

Very cordially,

I. T. TALBOT, 66 Marlborough St., Boston,

WILLIAM TOD HELMUTH, 299 Madison Ave., New York;

B. W. JAMES, corner 18th and Green Sts., Philadelphia,

Committee.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—The thirty-third annual commencement of the Philadelphia College was held at noon of March 10th in the Academy of Music. Notwithstanding the somewhat unpropitious state of the weather, the vast auditorium was well filled with a brilliant audience, and music and flowers added to the enjoyment of the occasion. The valedictory to the graduating class was delivered by Professor O. B. Gause, M.D., who prefaced it by some earnest and telling remarks to the audience respecting the imperative need of a new hospital building and the steps which are being taken to secure it,—the application to the legislature for State aid and the raising of private contributions. He urged all those present to use every honorable endeavor to secure favorable action by the State authorities. His remarks to the graduates were replete with wholesome advice and instruction. Upon the conclusion of the address the degree of the College was conferred upon eighty-three candidates, as follows:

Aldrich, Henry C., . . . . .	Minneapolis, Minn.
Alexander, Anson C., . . . . .	Lancaster, N. H.
Allen, John V., . . . . .	Philadelphia, Pa.
Amthor, Robert, Jr., . . . . .	Baltimore, Md.
Artz, Jerome L., . . . . .	Ganges, Ohio.
Bailey, Benjamin F., . . . . .	Claremont, N. H.
Barbour, Nathan R., . . . . .	Suisun, Cal.
Barnes, William H., . . . . .	La Fox, Ill.
Beebe, Charles H., . . . . .	Philadelphia, Pa.
Bowman, Frederick C., . . . . .	Minneapolis, Minn.
Bumstead, Lucius J., . . . . .	Lincoln, Neb.
Burnham, N. Clark, . . . . .	Lancaster, Pa.
Cameron, Malcolm, . . . . .	New York, N. Y.
Christman, G. H. Percy, . . . . .	West Chester, Pa.
Cleckley, Francis V., . . . . .	Augusta, Ga.
Cleveland, Woodbury F., . . . . .	Skowhegan, Me.
Clift, Alva, . . . . .	Philadelphia, Pa.
Cooper, Peter, . . . . .	Whitelysburg, Del.
Couper, Joseph E., M.D., . . . . .	Northfield, Minn.
Dakin, E. Arthur, . . . . .	Digby, N. S.
Davis, Edward E., . . . . .	Tiverton, R. I.
Doan, Edward H., . . . . .	Newtown, Pa.
Engle, D. Frank, . . . . .	Philadelphia, Pa.

Erwein, Franz B., . . . . .	Mainz, Germany.
Evans, Henry J., . . . . .	Shamokin, Pa.
Fay, George D., . . . . .	Eatontown, N. J.
Fitz Hugh, John A., M.D., . . . . .	Cleveland, Ohio.
Freeman, William W., . . . . .	Columbus, Ohio.
Gause, Percival O. B., . . . . .	Philadelphia, Pa.
Gerberich, Daniel P., . . . . .	East Hanover, Pa.
Gonzalez, Joaquin, . . . . .	Mexico.
Gramm, Theodore J., . . . . .	Philadelphia, Pa.
Gushee, Frank A., . . . . .	Appleton, Maine.
Hardenstein, A. Otto, . . . . .	Vicksburg, Miss.
Harpel, George W., . . . . .	Shamokin, Pa.
Hatzfield, Joseph A., . . . . .	Hamburg, Pa.
Hershberger, Joseph P., . . . . .	Lancaster, Ohio.
Holman, George M., . . . . .	Fitchburg, Mass.
Horning, Charles S., . . . . .	Pawling, Pa.
Hoy, Harvey K., . . . . .	Bellefonte, Pa.
Humphreys, Edward, . . . . .	Philadelphia, Pa.
Jackson, Edward R., M.D., . . . . .	Dubuque, Iowa.
Jennings, Chester B., . . . . .	Reading, Pa.
Johnson, Howard P., . . . . .	Cortland, N. Y.
Judkins, Charles W., . . . . .	Cornville, Maine.
Kennedy, Robert, Jr., . . . . .	Philadelphia, Pa.
Kern, Elmer G., . . . . .	Hamilton, N. Y.
King, William R., . . . . .	Philadelphia, Pa.
Kittinger, Leonard A., . . . . .	Wilmington, Del.
Klink, Frederick, . . . . .	Philadelphia, Pa.
Kurtz, Charles G., . . . . .	Philadelphia, Pa.
Leonard, Harsey K., . . . . .	Watkins, N. Y.
Lingle, John C., . . . . .	Harrisburg, Pa.
McIntosh, Frederick L., . . . . .	Augusta, Maine.
McLaren, David C., M.D., . . . . .	Montreal, Can.
Masser, Frank B., M.D., . . . . .	Sunbury, Pa.
Morrison, George H., . . . . .	Whitefield, N. H.
Mullin, William P., . . . . .	Philadelphia, Pa.
Oliver, Andrew S., . . . . .	Lowell, Mass.
Peacock, Robert H., . . . . .	Camden, N. J.
Peters, M. Rutherford, . . . . .	Bendersville, Pa.
Peters, William C., . . . . .	Philadelphia, Pa.
Philbrick, Charles S., . . . . .	Corinna, Maine.
Powel, Franklin, . . . . .	Norristown, Pa.
Robinson, James B., . . . . .	Minneapolis, Minn.
Roby, George F., . . . . .	Lancaster, N. H.
Sargent, Charles S., . . . . .	Stockton, Cal.
Shoemaker, D. Webster, . . . . .	Philadelphia, Pa.
Skillman, George M., . . . . .	Plainville, N. J.
Somerville, William H., . . . . .	Philadelphia, Pa.
Stenger, Charles F., . . . . .	Philadelphia, Pa.
Strayer, Robert F., . . . . .	York, Pa.
Streets, David R., M.D., . . . . .	Bridgeton, N. J.
Strickler, David A., . . . . .	Chambersburg, Pa.
Swift, Edward Pease, . . . . .	Millbrook, N. Y.
Thomas, Alfred D., . . . . .	Shamokin, Pa.
Whitehead, Willett W., . . . . .	Bordentown, N. J.
Whiton, Alpha M., . . . . .	Gasport, N. Y.
Wilcox, Henry T., . . . . .	Philadelphia, Pa.
Wilson, J. Theodore, . . . . .	Moorestown, N. J.
Wrisley, John A., . . . . .	Franklin Falls, N. H.



Yearsley, William, . . . . . Coatesville, Pa.  
 Young, Charles B., . . . . . Lewisburg, Pa.

Of these there were from

Pennsylvania, . . . . .	36	Illinois, . . . . .	1
New York, . . . . .	6	Iowa, . . . . .	1
New Jersey, . . . . .	6	Maryland, . . . . .	1
New Hampshire, . . . . .	5	Mississippi, . . . . .	1
Maine, . . . . .	5	Nebraska, . . . . .	1
Minnesota, . . . . .	4	Rhode Island, . . . . .	1
Ohio, . . . . .	4	Nova Scotia, . . . . .	1
California, . . . . .	2	Canada, . . . . .	1
Delaware, . . . . .	2	Mexico, . . . . .	1
Massachusetts, . . . . .	2	Germany, . . . . .	1
Georgia, . . . . .	1		
		Total, . . . . .	83

The College Prizes were awarded to the three candidates having the highest examination averages as follows:

*First Prize*, Hahnemann Gold Medal, to Anson C. Alexander.

*Second Prize*, Hahnemann Silver Medal, to John C. Lingle.

*Third Prize*, Hahnemann Bronze Medal, to Percival O. B. Gause.

The Surgical Prize, a copy of Erichsen's Surgery, two volumes, was awarded to William H. Barnes, for the best examination in practical surgery.

Dr. P. O. B. Gause, on behalf of his colleagues of the graduating class, then presented to the faculty a magnificent portrait in oil of the late Constantine Hering, M.D., Emeritus Professor of Institutes and Materia Medica, painted by Miss Warren. The presentation was accompanied with appropriate remarks, in which allusion was made to the relation which Dr. Hering sustained to the College as one of its founders, and for so many years as a distinguished member of its faculty, as well as to his eminent services in the cause of homœopathy. The address was responded to by Professor A. R. Thomas, the Dean of the faculty. The portrait will be placed in the College Museum.

AN ACT TO ESTABLISH A STATE BOARD OF HEALTH, for the better protection of life and health and to prevent the spread of contagious and infectious diseases, is now before the Pennsylvania legislature. The bill is as follows:

"SECTION 1. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met, and it is hereby enacted by the authority of the same:* That the Governor, by and with the advice and consent of the Senate, shall appoint six persons, five of whom shall be physicians of good standing, graduates of regularly chartered and legally constituted medical colleges, and of not less than ten years' experience in the practice of their profession, and one of whom shall be a civil engineer, who, together with the Secretary of Internal Affairs, the Attorney-General and the President of the Board of Health of the City of Philadelphia, shall constitute and be designated as the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania. Of the six persons first appointed, two shall serve for two years, two for four years, and two for six years from the first day of July next following their confirmation, and the Governor shall thereafter biennially appoint, by and with the advice and consent of the Senate, two persons of the same professions as those whose terms of office have just expired, to be members of said board, to hold their offices for six years from the first day of July next following their confirmation and until their successors are appointed, excepting the secretary, who shall continue in office as hereinafter provided; but any member may be reappointed. Any

vacancy, occurring in said board during a recess of the legislature, shall be filled by the Governor until the next regular session of the same.

"SEC. 2. As soon as possible after the appointment of the first six persons as aforesaid, they shall meet at the call of the Secretary of Internal Affairs in the office of the Secretary of the Commonwealth, and shall proceed under the direction of the latter officer to determine by lot which of them shall serve for the respective terms of two, four, and six years. Before entering upon the duties of the office, they shall, together with the President of the Board of Health of the City of Philadelphia, take the oath prescribed for State officers by the constitution of the State, and shall file the same in the office of the Secretary of the Commonwealth, who, upon receiving the said oath of office, shall issue to each a certificate of appointment for his respective term of office determined as aforesaid; upon receiving which, they shall possess and exercise the powers and perform the duties of said board as defined in this act. Immediately after having taken the oath of office they shall meet, with the Secretary of Internal Affairs and the Attorney-General, and organize by electing one of their number, not already an officer of the State, to be president, and by appointing a proper person, who shall be a physician of good standing, of not less than ten years' professional experience, a graduate of a legally constituted medical college and possessed of knowledge and experience in sanitary science, to be secretary of said board, who shall hold his appointment until removed by the appointment of his successor, or, otherwise the board may elect one of its own members secretary, in which case the vacancy thus created shall be filled by the Governor in the same manner as a vacancy caused in any other way. The president shall be elected annually; no member of the board, except the secretary, shall, as such, receive any salary, but the actual travelling and other expenses of any member, while engaged on the actual duties of the board, shall be allowed and paid on presentation of an itemized account with vouchers annexed.

"SEC. 3. The secretary shall be the executive officer of the board, and shall have all the powers and privileges of a member of said board, except in regard to voting upon matters relating to his own office and duties as secretary. He shall keep a record of the acts and proceedings of the board and perform and superintend the work prescribed in this act. He shall have the custody of all books, papers, documents, and other property belonging to the board, which may be deposited at his office. He shall prepare blank forms of returns and such instructions as may be necessary, and forward them to the clerks of the several boards of health throughout the State. He shall collect information concerning vital statistics, disease, and hygiene, and through an annual report, and otherwise as the board may direct, disseminate such information among the people, and shall perform such other duties as the board may order. In consideration of the proper discharge of these duties, he shall receive an annual salary of three thousand dollars, which shall be paid him in the same manner that salaries of other State officers are paid, and such necessary expenses as the Auditor-General shall audit, on presentation of an itemized account with vouchers annexed and the certificate of the board, shall be allowed him.

"SEC. 4. The said board shall meet at least once every three months, and may also hold special meetings as frequently as the proper and efficient discharge of its duties shall require, in the Capitol building at Harrisburg (unless otherwise ordered), and the rules or by-laws of the board shall provide for the giving of proper and timely notice of all such meetings to every member of the board. The Secretary of Internal Affairs shall provide and furnish such apartments and stationery as said board shall require in the discharge of its duties. Two members of the board shall at any regular called or adjourned meeting organize and constitute a quorum for the transaction of business.

"SEC. 5. The State Board of Health and Vital Statistics shall have the general supervision of the interests of the health and lives of the citizens of the Commonwealth. They shall especially study its vital statistics and endeavor to make intelligent and profitable use of the collected records of death and of diseases. They shall make sanitary investigations and inquiries respecting the causes of disease, and especially epidemic disease, the sources of mortality and the effects of localities, employments, conditions, habits, food, and beverages, on the health of the people. They shall, when required by the Governor or the legislature, and at such other times as they deem it important, institute inspections of public institutions or places throughout the State, and advise officers of the State, county, or local governments in regard to the location, drainage, water supply, disposal of excreta, heating, and ventilation of such public institutions, buildings, or places, as well as in regard to the existence of alleged nuisances; but when, at any time, such inspection shall be ordered or undertaken, the board of health of the county, city, or town in which it takes place, may appoint any one of its officers as its representative during such examination of any institution, place, or nuisance, and such representative officer shall have a seat at, and be entitled to take part in, all the deliberations of the State Board of Health during such investigation, but without the right to vote.

"SEC. 6. It shall be the duty of the State Board of Health and Vital Statistics to have the general supervision of the State system of registration of births, marriages, deaths, of prevalent diseases, and of medical practitioners; to prepare the necessary methods, forms, and blanks for obtaining and preserving such records, and to insure the faithful registration of the same in the several counties and in the central bureau of vital statistics at the capital of the State. The said board shall recommend such forms and amendments of laws as shall be deemed to be necessary for the thorough organization and efficiency of the registration of vital statistics throughout the State. The Secretary of the State Board of Health and Vital Statistics shall be the superintendent of registration of vital statistics as supervised by said board. The clerical duties and safe keeping of the bureau of vital statistics thus created, shall be provided for by the Secretary of Internal Affairs, who shall also provide and furnish such apartments and stationery as said board shall require in the discharge of such duties.

"SEC. 7. It shall be the duty of all health officers and boards of health in the State to communicate to said State Board of Health copies of all their reports and publications; also such sanitary information as may be useful; and said board shall promptly cause all proper information in its possession to be sent to the local health authorities of any county, city, village, or town in the State, which may request the same, and shall add thereto such useful suggestions as the experience of said board may furnish. And said board is authorized to require reports and information (at such times and of such facts, and generally of such nature and extent as its by-laws or rules may provide), from all public dispensaries, hospitals, asylums, infirmaries, prisons, and schools, and from the managers, principals, and officers thereof, and from all other public institutions, their officers and managers, and from the proprietors, managers, lessees, and occupants of all places of public resort in the State, but such reports shall only be required concerning matters or particulars in respect of which it may in its opinion need information for the proper discharge of its duties.

"SEC. 8. Said board may, from time to time, engage suitable persons to render sanitary service, or to make or supervise practical and scientific investigations and examinations requiring expert skill, and to prepare plans and reports relative thereto. But no more than two thousand dollars shall be expended in any one year for such special sanitary service.

"SEC. 9. The county commissioners in each county of this Commonwealth,



excepting Philadelphia County, are hereby authorized and required, on or before the first day of July, Anno Domini one thousand eight hundred and eighty-one, to select and appoint from the most reputable and skilful physicians, graduates from some regular chartered medical college or colleges, three persons, who shall constitute a county board of health, who shall meet and organize within ten days after receiving notice of their appointment, and who shall appoint a chairman and secretary of their number, who shall receive no compensation other than the actual expenses incurred while performing the duties imposed upon them by this act, which sums the county treasurer is hereby required to pay them annually out of the county funds upon the presentation of their orders from the commissioners. They shall hold their offices for the term of three years.

"SEC. 10. The county board shall make such regulations in conformity with the regulations and forms of the State Board of Health, as it judges to be necessary for the public health and safety respecting nuisances, sources of filth, and causes of sickness, within the limits of the county, whether on board of vessels within its harbors, or on land, respecting articles which are capable of containing or conveying infection or contagion, or of creating sickness brought or conveyed from place to place. Whoever violates any such regulations shall forfeit a sum not exceeding one hundred dollars.

"SEC. 11. The county board shall have full power to direct or order the abatement or removal of any nuisance, public or private, source of filth or cause of sickness, found on public highways, in public grounds, or upon private possessions, and after having given notice in writing to the proper authorities, the owners or occupants of private properties where such nuisances are found, requiring their abatement or removal, and if the proper authorities or persons neglect or refuse to remove such nuisances within twenty-four hours after such notice shall have been given, then such authority or person shall forfeit a sum not exceeding twenty dollars and the cost of removal.

"SEC. 12. The secretary of the county board shall make quarterly reports in writing to the secretary of the State board relative to all endemics, epidemics, and contagious diseases in the county, together with a record of the mortality and its causes.

"SEC. 13. It shall be the duty of said board, on or before the first Monday of December in each year, to make a report in writing to the Governor of this State upon the sanitary condition and prospects of the State, and such report shall set forth the action of the said board, and of its officers and agents, and the names thereof, for the past year, and may contain other useful information, and shall suggest any further legislative action or precaution deemed proper for the better protection of life and health, and the annual report of said board shall also contain a detailed statement of the State treasurer of all money paid out by or on account of said board, and a detailed statement of the manner of its expenditure during the year last past, but its total expenditures shall not exceed the sum of eight thousand dollars in any one year.

"SEC. 14. The sum of eight thousand dollars (\$8000) is hereby appropriated from the treasury for the purposes of this act, and the expenditures properly incurred by the authority of said board and verified by affidavit, subject, however, to the limitations hereinbefore imposed, and shall be paid by the treasurer upon the warrant of the Auditor-General.

"SEC. 15. This act shall take effect immediately, and all acts or parts of acts inconsistent herewith shall be and are hereby repealed."

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Original Department.

STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

*ANIMAL KINGDOM.*

(Continued from page 199.)

HYMENOPTERA.

FACE—NOSE—LIPS.—Pale, sickly face; pallid, deathlike, waxen.

Face red and hot, swollen, with burning, piercing pains. Burning with feeling of fulness as if the vessels were overfilled with blood.

Burning, which leaves a long-lasting livid or bluish-red color.

Erysipelas: skin red, swollen, especially under the eyes; or, bluish-red. Parts feel sore; or, burning, stinging pains, with occasional sharp stabbing pains; fever, thirst.

Red stripes on the face.

Nose swollen, red, oedematous. Inflamed at point.

Dry nasal catarrh, with a sensation of swelling and obstruction; sneezing.

Nettlerash. Bold hives, the swelling being large and white.

Pimples on the face, painfully sore and sensitive to touch.

Burning of the lips, which are red, swollen, cracked, and finally desquamate.

Lips oedematous. Prickling, with swollen and contused feeling. Sensation as if swollen.

Dark stripe on the vermilion of the lips, which are dry, rough, cracked.

**Related Remedies.**—**APIS** is a valuable remedy when erysipelas assumes an œdematous form, and there is exquisite soreness; or burning and stinging. The sensation of swelling is marked here as well as under "Head." Pimples and nettle-rash are very characteristic. The pallor and waxen appearance are present in general dropsy, renal affections, and cachectic conditions. Similar remedies are **BELLAD.**, **RHUS**, **LACHESIS**, **ARSENIC**, *Canthar.*, *Acetic acid*, etc.

The first two form with **APIS** an interesting group, frequently indicated in erysipelas. **BELLADONNA** is required when the face is smooth, swollen, bright red, streaked red, or, from intensity, deep dark-red; **RHUS TOX.** when the color is a dusky red, and there are vesicles and œdema or even pustules. (See also under Eyes.)

**APIS** stands between the two in nervousness, partaking something of the **Rhus**-restlessness with the **Belladonna** cerebral excitement.

Neither produces exactly the livid or blue-red hue noticed in severe **APIS** cases. Here **LACHESIS** is the nearest.

When the nose is mainly attacked, **APIS** compares with **CANTHAR.**; but the latter has larger blisters and more burning. When the nose reddens and the alæ become sore from every cold, we have found **HEPAR** serviceable.

Those who are subject to facial erysipelas are sometimes troubled with pimples, which become intensely sore, red, and threaten to develop into the full-fledged disease. **BELLAD.**, **APIS**, and **RHUS** have helped us here. The first when they are very painful and form rapidly; the second when they are of a rosy hue and sting and itch. When the face, after a spell of erysipelas, is sensitive to the cold air: **RHUS**, **Bellad.**, *Hepar*, *Silica*, *Sulph.*, etc.

In dropsy, compare **ARSENIC**, *Acetic ac.* The first has thirst, which is generally absent in the **Apis** dropsy. The second has anæmia, waxen face, feeble, soft pulse, diarrhœa.

**MOUTH—THROAT.**—Buccal cavity is fiery red and swollen; feels dry, raw and scalded, with prickling heat, or burning and stinging.

Similar sensations on the tongue, which is swollen. Edges covered with blisters, which feel sore, raw, and burn and sting; can neither speak, move his tongue, nor swallow.



Tongue dry, trembling; it catches in the teeth when he tries to protrude it. Typhoid fever.

Saliva viscid, tough, or soapy.

Throat dry, without thirst.

Sensation of constriction and erosion.

Throat swells inwardly and outwardly, hoarse voice, breathing and swallowing difficult from irritation of the epiglottis; every drop of fluid which touches his tongue nearly suffocates him. Regurgitation on attempting to swallow.

Throat intensely red, dry, glazed and puffy; uvula elongated and looking like a sack of water; grayish patches of diphtheritic membrane; tonsils swollen; mucous membrane of mouth and throat rosy red; or later, livid. Early and disproportionately severe debility, drowsiness and serious swelling of the subcutaneous tissue about the neck, which is of an erysipelatous color. Fever and drowsiness, worse 5 P.M.

Sore-throat, with a hoarse, hard, spasmodic and somewhat hollow cough, from a sensation of filling up in the throat.

**Related Remedies.**—*APIS* produces glossitis. This with the red, swollen throat, suggests the remedy in scalds, extension of erysipelas faciei, scarlatina, etc.

The swelling, difficult swallowing and suffocation indicate the remedy in œdema glottidis, and in that puffy, infiltrated state of the pharynx and cellular tissue so frequent and so alarming in diphtheria.

Similar remedies are: *LACHESIS*, *Lac caninum*, *MERC. SOL.*, *Merc. corros.*, *Kali bich.*, *BELLAD.*, *RHUS TOX.*, *ARSENICUM*, *Canthar.*

In glossitis, compare *Acon.*, *Bellad.*, *MERCUR.*, *Laches.*; none of which, however, cover the ground so completely as the *APIS*. If a burn or scald is the cause, compare also: *Canthar.*, *Caust.*, *SAPO SODA*, *Arsenic.*

In œdema glottidis: *China*, *Stramon.*, *Laches.*, *ARSENIC.*

In diphtheria compare: *LACHES.*, *Lac can.*, *Canthar.*, *Rhus tox.* (For *LACHESIS* see previous page.)

*Lac caninum* has served us well when the throat was swollen externally and internally, with difficulty of breathing similar to *APIS* and to *LACHESIS*. In each case the hands were burning hot, and there was great bodily restlessness, must move or be carried from place to place.\* This restlessness

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\* See Dr. H. W. Taylor's excellent provings in *The Organon*, July and October, 1880.

resembles that of ARSENIC and of RHUS. It is different from the nervous fidgetiness of APIS. The first has more mental anxiety.

In one case the restlessness and hot hands were present, and the pharynx was puffed and covered with a membrane,\* which looked like unburnished silver. So great was the swelling, the child could not lie down. Snoring breathing. On dropping off to sleep, it would awake gasping for breath. So near was the disease to the larynx, that a suspicious croupy cough was occasionally given. Lachesis failed, but *Lac can.*<sup>2c</sup> cured.

APIS, CANTHAR., and LAC CAN.† have scanty urine and strangury, a symptom sometimes present in diphtheria. The CANTHARIS, like the bee-poison, induces great weakness, deathlike turns; but the local inflammation is more violent, with burning like fire, and tough stringy mucus in the throat and posterior nares. And the debility is rather a sequel to a violent disease than an early manifestation as in APIS.

STOMACH—ABDOMEN—RECTUM, ETC.—No thirst, with heat, with dryness of the throat; or burning thirst.

Nausea to vomiting, with fainting; nausea and must lie down.

Vomiting of bile, of ingesta; or, with profuse diarrhœa.

Burning heat in the stomach; soreness; pressure.

Soreness of stomach and abdomen. Bowels feel sore when he sneezes. Abdominal walls sensitive to touch or pressure.

Fulness and sensation of bloatedness in the abdomen.

Pains in the abdomen, worse mornings, with urging to stool.

Violent cutting pains in the abdomen.

Ascites, with vomiting and diarrhœa, can breathe only when sitting erect; even leaning back causes suffocation.

Burning-stinging or stabbing pains coming suddenly and making him cry out.

Loose, yellow stools, with griping and urging in the morning. Passage of flatus.

Greenish-yellow mucous diarrhœa, without pain.

Thin yellow stools, great prostration, coming with every motion of the body, as if the anus was constantly open.

Tenesmus, bowels feel bruised or crushed; bloody, slimy stools.

Diarrhœa contained small bright lumps, like chopped beets.

\* See Dr. A. Lippe's symptom in the *Organon*, July, 1880, p. 404.

† Taylor's provings, *ibid.*, October, 1880, pp. 530, 531.

Sensation of rawness in the anus, with diarrhœa.

Varices burn and sting, making him fidgety and irritable.

**Related Remedies.**—Thirstlessness is characteristic, though burning thirst may be present. The nausea is like that which is often noticed in erysipelas, diphtheria, etc., with great prostration. Vomiting and diarrhœa suggest the remedy in cholera infantum, ascites, gastro-enteritis, etc. Pains, tenesmus and stools indicate it in dysentery. Soreness and sensitiveness of the abdominal walls, with stabbing pains, show its applicability in peritonitis. The anal symptoms are very important.

Compare with ARSENIC, *Merc. corros.*, SULPHUR, PULSAT, Phosph., LACHES., *Rumex*, *Nuphar lutea*.

ARSENIC causes more violent gastro-intestinal inflammation; and though restless change of place is found in both, it is a fidgety nervous state in APIS and an anxious inconsolable state of mind in ARSENIC. In ascites the latter has thirst, the stomach rejects fluids at once; the former, thirstlessness.

*Merc. corros.* causes peritoneal exudation and enteritis; but the pains are atrocious and the tenesmus violent, with intense burning.

SULPHUR aids APIS in ascites and in effusion from peritonitis.

LACHESIS causes abdominal tenderness, but it is more a hyperæsthesia than a bruised, exquisitely sensitive condition.

Phosph., PULSATILLA, and *Secale c.* resemble the bee-poison in open anus. The first causes "involuntary movements the moment anything enters the rectum," and, clinically, discharge of mucus from the wide-open anus. The second has, precisely like APIS, sensation as if the anus is open. The last has "anus stood wide open." The color of the discharges will distinguish the APIS.

COLOC. has a relaxed state of the anus, but only after diarrhœa. Yellow morning diarrhœa, often painless, and so characteristic of APIS, is also in *Rumex* and *Nuphar luteum*.

Some years ago APIS helped in cholera infantum, when the stools were small, mucous, and contained little specks of blood. Then, as now, it was especially useful when the anterior fontanelle was open and sunken.

URINARY ORGANS: Sharp stinging pains and tenderness over the kidneys; soreness, worse on stooping.

Frequent sudden attacks of pain along the ureters.



Irritable bladder, with frequent desire to urinate, and strangury.

Prostatitis, with incessant desire to urinate, bearing down, pricking in the urethra; scanty or suppressed urine.

Urine bloody, with casts and albumen.

Urine scanty, dark, albuminous; generally with thirstlessness.

Urine scanty, with frequent desire. Bearing down in the region of the sphincter vesicæ.

Anuria.

Frequent and excessively profuse discharge of natural urine.

Burning before and after urinating. Soreness as if scalded; burning when urinating as if scalded.

Urine high-colored, scanty.

**Related Remedies.**—*APIS* causes an irritation of kidneys and bladder very similar to the early stages of morbus Brightii. It has been found useful in post-exanthematic desquamative nephritis with the above symptoms and with dropsy. The swelling may be general, but is usually worse under the eyes and in the upper half of the body, with thirstlessness and absence of sweat.

It is also serviceable in cystic irritation, and also strangury, particularly when accompanying other diseases (scarlatina, erysipelas, etc.).

Compare with *ARSENIC*, *Merc. corros.*, *LACHESIS*, *Terebinth.*, *Phosph.*, *Helleb.*, *Sulph.*, *CANTHAR.*

*ARSENIC* here has a more extended range than *APIS*. It also causes more thirst and restlessness; cannot sleep after 12 P.M. Sharp stitching pains in the renal region; tubal nephritis. All forms of casts.

*MERCURIUS CORROS.* suits when the face is pale, puffed, doughy; thirst, swollen tongue; renal region painful; scanty, bloody urine; profuse sweat, while *APIS* has little or none. Often indicated.

*Helleborus* has dark, coffee-grounds urine; dropsy after scarlatina, like *APIS*. There is more dulness of mind, with slowness in responding; jelly-like stools.

*Terebinthina*, dark, scanty urine, presenting a smoky appearance; bronchial catarrh, with râles over the chest.

*LACHESIS* also causes dark urine and dropsy, post-scarlatinal; the urine is black, foaming; and the oppression is worse when he goes to sleep, arousing him.

**CANTHARIS** in cystic symptoms is similar, but acts more violently.

**GENTIAL ORGANS.**—*Female*: Sexual desire increased, with stinging in the ovaries; jealousy (see Mind).

Coition causes stinging in the ovarian organs.

**OVARIES**: Acts especially on the right; stinging-burning pains; extreme sensitiveness; pain in right ovary, with pain in the left pectoral region, and cough; lancinating, extending down the thighs, on right side, sometimes with numbness; feeling of weight or of bearing down; drawing.

In the region of the left ovary, pain as if strained, more when walking, evenings at 6 o'clock; after several hours, also a bearing down on the right side and a lame feeling in the shoulderblade; toward 11 o'clock, when walking, she is compelled to bend forward, on account of a contractive, painful sensation in the abdomen; still felt the following morning, somewhat to the left.

When stretching in bed, fine cutting pain in the left ovarian region across to the right.

Ovaries (right) swollen, indurated, with soreness, tenderness, and burning heat.

**UTERUS**: Bearing-down pains, as if the menses were coming on, with aching and pressure in the hypogastrium, or as in early stages of parturition. Feeling of weight or heaviness.

Plunging, stabbing pains in the uterine region.

**MENSES**: Pressure in the abdomen, back, and sacrum, as if the periods were coming on. Bearing down. Period flows two to three days, then stops one day, and returns, and so on for ten days. Menses profuse and early.

Metrorrhagia at the second month; flow profuse, heaviness of the abdomen, uneasiness, restlessness and yearning. Abortion in the early months. (Skin symptoms usually present.)

Amenorrhœa in young girls who are awkward, silly; feels as if menses would come, but they do not.

Mucous leucorrhœa, with sensation of internal burning in the abdomen.

Pruritus vulvæ, with erysipelatous inflammation or with exquisite soreness, stinging and burning.

Inflammation of the labia. Œdema.

Mastitis; high fever, but little or no sweat; breast hard, swollen, erysipelatous; relieved by cold applications.

**Related Remedies.**—**APIS** acts on the ovaries (right). It would seem from the concatenation of symptoms that ovarian

irritation underlies all its "genital" effects. Thus we note abortion, with ovarian pains and bearing down; weight and bearing down in the ovarian region, preceding the menses. Ovarian sensitiveness, worse during coitus, etc. It has cured ovaritis, ovarian cysts, neuralgia and induration.

Compare with ARSENIC, LACHESIS, *Belladonna*, *Sepia*, Graph., *Lilium tig.*, VIBURN. OPULUS, Iodine, Coloc., Nat. mur., Bromine, *Podophyl.*, *Conium*, Kali carb., *Sabina*, *Secale*.

ARSENIC cures ovarian induration, swelling, and inflammation; but with restlessness, some relief from constantly moving the feet; burning pains. For LACHESIS see previous issues.

*Lilium tig.*, like APIS, causes dragging, heaviness, swelling, pain shooting from ilium to ilium, stinging, etc. But it affects more the left ovary; the accompanying bearing down is funnelled towards the vulva, with consequent relief from external support. The neuralgic pains are intense, shooting, burning, *grasping*; better from rubbing with the warm hand; APIS worse from touch and from warmth.

*Sepia* causes ovarian congestion, stinging, pressure and weight. But pains come around from the back over each hip; the bearing down is more purely uterine than ovarian.

*Natrum mur.*, *Amm. mur.*, and *Arnica* somewhat resemble APIS, by causing sprained, tense sensations in the ovarian region.

*Belladonna* causes a more violent condition of congestion or inflammation than the bee-poison. The ovarian dysmenorrhoea is intensely painful, with exquisite soreness in the right groin and bearing down.

*Podophyllum* compares with APIS in the side affected, and in what we may term abortion from ovarian irritation. Co-existing hepatic affections or prolapsus ani will distinguish.

Iodine, Coloc., Arsenic, Graph., Laches., with APIS, have cured ovarian tumors.

*Conium* has more lancinating pains in the indurated ovary.

VIBURNUM OPULUS is much superior in threatened abortion. It has produced and cured pains beginning in the back, and coming around either side to the hypogastrium, and there culminating in intense squeezing, cramping, and bearing down.

In early abortion, SECALE is distinguished by the strong contractions and the hæmorrhage, which is dark, passive, fluid; from SABINA by the profuse bright and clotted flow and pain from sacrum to pubes; from *Kali c.* by the weak back, with pains which pass from the lumbar region down into the buttocks.



In mastitis compare BRYONIA, which, however, has more tense, stretched feeling; dull headache; white tongue; useful in beginning with soreness from caking, induced by imperfect emptying of ducts; RHUS TOX, which has phlegmonous form, suppuration, and discharge of clots of milk; pains in the limbs producing restlessness; breast deep red; BELLADONNA, which has bright-red radiating inflammation; the pains are shooting, tearing, often with throbbing, while those of APIS are stinging or stabbing.

### PASSIFLORA INCARNATA IN TETANUS.

BY ARCHIBALD BAYNE, M.D., BARBADOES, W. I.

CASE I.—November 18th, 1880. Called to E. T., a black boy, suffering from rigidity of muscles of neck and shoulders. The sterno-mastoid muscles were distinctly prominent, the mouth opened with difficulty, and there was a peculiar expression on the countenance,—*risus sardonicus*. Acon. nap. every 3 hours.

20th. Boy much worse. Tetanic spasms with opisthotonos have come on. Deglutition difficult; muscles of abdomen extremely tense; constipation. Made a careful examination, and discovered a punctured wound on the forehead, which I reopened, removing all cicatricial matter, and prescribed Pas. inc. *℥*, 20 minims every 2 hours. Ice to the spine.

21st. Spasms which before occurred every 5 or 10 minutes now only take place every hour. Continue Pas. inc.

22d. Spasms about same as yesterday. Gave an enema of soap and water, but it did not return; gave a second, with sweet olive oil in it. A good movement resulted.

23d, 24th, 25th, and 26th. Spasms only occur every 3 hours.

27th, 28th, 29th, and 30th. No change, only the spasms are not so frequent as on 26th. Tongue now coated yellow; bowels again constipated. One dose Pod. pelt.

December 1st. Tongue cleaner. Spasms three in 24 hours. Pas. inc. continued.

8th. No spasms. Appetite good.

10th. Discharged cured.

This boy was neglected by his people in every way, and I wonder at his getting better. The dose, I know, will be thought large, but I knew nothing of the drug, and gave it as advised.

CASE II.—January 3d. M. E., black, æt. 10 (girl). Brought to my office with a punctured wound in the heel,

caused by a broken bottle. She has already had several spasms, and opisthotonos is present. Pas. inc. 1<sup>x</sup>, 5 minims every half hour. Ice to the spine.

4th. Spasms every five or ten minutes, at which time the spine is bent like a bow and her cries are pitiable. I attempted to probe the wound, but fright caused her to have the spasms so frequently and powerfully that I desisted, and applied a poultice.

5th. Spasms not so frequent. Pas. inc. and ice continued.

6th. Has slept a little; spasms every 3 hours. Continued Pas. inc.

8th. Bowels confined. Gave enema; movement resulted.

10th. Spasms reduced to two or three in 24 hours. At this time the medicine was stopped without my knowledge, and the spasms became more frequent. Ordered Pas. inc. to be continued.

14th. Much better; spasms very few.

18th. No spasms. Cured.

It would appear that this drug is homœopathic to tetanus, as the 1<sup>x</sup> appeared to act better than the  $\theta$ . I could quote several cases cured in horses, and all by 1<sup>x</sup>.

I feel sure that although some may condemn my giving such large doses in the first case, all will agree that it was better to cure with a large dose than run the risk of having to condemn myself for not carrying out instructions had the boy died.

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## NEURAL ANALYSIS, ESPECIALLY IN ITS APPLICATION TO THE HOMŒOPATHIC DILUTIONS.

BY PROF. GUSTAV JAEGER, M.D.

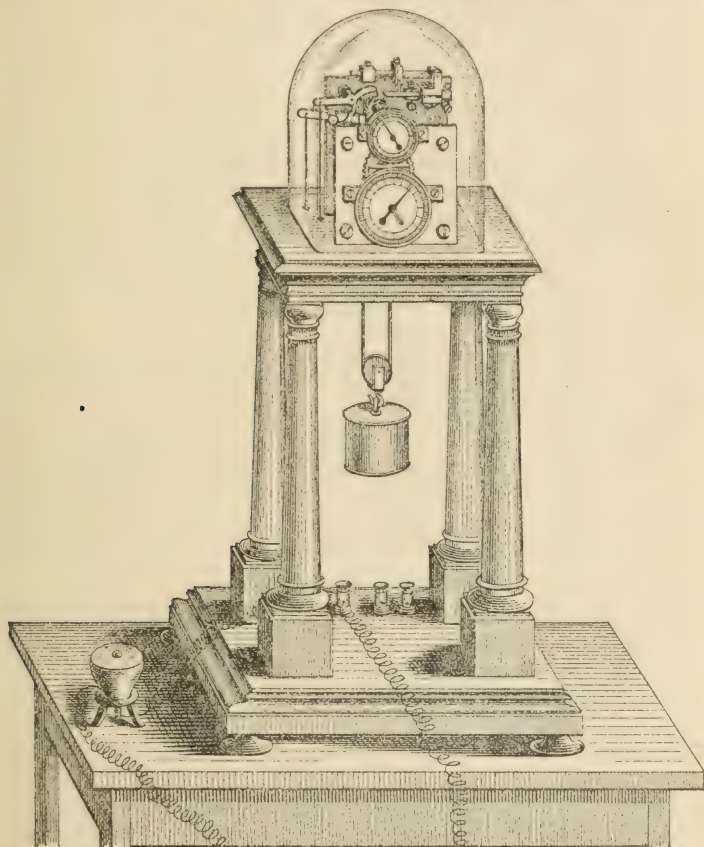
(Translated and Condensed by William H. Bigler, M.D., Philadelphia.)

THERE appeared in this journal (November, 1880), "An Introductory Communication on Neural Analysis," by Professor Dr. Gustav Jaeger, of Stuttgart, translated by Dr. A. Korndorfer. In this paper were given certain results and conclusions, and the purpose of the present condensed translation of Dr. Jaeger's latest communication on this subject\* is to give to the profession a succinct account of the instrument and methods by which these were arrived at, that its members may be in a condition to judge of their probable reliability.

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\* Die Neural analyse insbesondere in ihrer Anordnung auf die homœopathischen Verdünnungen von Professor Dr. Gustav Jaeger. Leipzig, 1881.

1. *The Instrument.*—The instrument used by the Professor in his investigations was the well-known chronoscope, invented by Hipp, of Neuchatel, thirty years ago, for the purpose of measuring exceedingly small periods of time with reference to rapidity of motion. It was afterwards employed



HIPP'S CHRONOSCOPE.

by physiologists to measure the rapidity with which nervous impressions are transmitted. The first practical application of this instrument was made by astronomers in computing the so-called *personal equation*, to which reference will be made hereafter.

The instrument consists of a clockwork with two dials, placed vertically one above the other, and each marked off into



one hundred divisions. On the upper plate the hand makes the circuit five (5) times in a second, so that we can read off the five-hundredth ( $\frac{1}{500}$ ) part of a second. The hand on the lower dial passes over five (5) divisions in a second, so that here each section is equal to one-fifth ( $\frac{1}{5}$ ) of a second.

The peculiarity of the clock is this, that the works moving the hands and those moving the clock are entirely independent of each other, but can be connected or disconnected at pleasure. If separated the clock goes without communicating any motion to the hands, but when connected the hands at once begin to move. An electric current, conveyed into the clock from a galvanic battery, serves to make and to break the connection. If the circuit is closed an electric magnet attracts an axle of the works connected with the hands, so that its wheels fit into those of the clockwork and the hands begin to move. When the current is opened a spring presses back the axle and the hands at once come to a stop. To open and close the current an ordinary telegraph key is used.

The sensitiveness of the instrument is so great that it is possible to measure the time occupied by a rifle-ball in passing through one foot of space.

Hipp has on some of his instruments an attachment causing the upper hand to fly around ten times in a second, thus recording the one-thousandth ( $\frac{1}{1000}$ ) of a second, but Jaeger found that this motion was too rapid to be seen, so that in order to avoid mistakes it was necessary to read off both dials after each act, which was a waste of time and too disturbing. He therefore prefers and recommends the one making but five revolutions per second.

2. *Nerve Time and its Measurement.*—If any one sees a signal and wishes to answer it, or mark its occurrence by pressure with his finger, a certain definite time elapses between the sight of the signal and the pressure of the finger occupied in the transmission of the visual impression from the eye through the optic nerve to the brain and the motive impulse back by the motor nerve through the muscle and finger to the key. This Jaeger calls *nerve time*.\* In order to measure it we place ourselves before the instrument, note the position of the hands on the dials, and lay the left hand on the telegraph key. By pulling a string with the right hand the clockwork is set going, the hands on the dial, however, remaining at rest.

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\* It is almost equivalent to *physiological time*, a term introduced into physiology by William Wrondt, of Heidelberg. Grund zuege der physiologischen Psychologie, Leipzig, 1874, p. 9, 728.—*Trans.*

Watching the hands with the closest attention, we slowly press the key, the circuit is closed, and the hands begin to move. At the moment we perceive this movement we take off all pressure from the key, the current is broken and the hands stop. The point at which the hands rest is read off and noted, and the difference between the position first noted and this one gives the length of time occupied in the transmission from eye to hand. This time is expressed in the number of divisions passed over by the small hand. As each one is equal to  $\frac{1}{500}$  second, by multiplying by two we have the time expressed in thousandths of a second, or milliseconds.

It is of the utmost importance to know what degree of reliance may be placed upon the number thus obtained. The clock he regards as uniform in its action, requiring, of course, occasional examination and rectification; but the other factor, the nervous apparatus, is variable in its workings. Presupposing equal strength of the signal, he has found that the length of time obtained by the above measurement depends: 1, Upon the condition of the conductivity of our muscular and nervous apparatus; 2, upon the degree of concentration of attention and will. In neural analysis it is the first requirement to keep the latter at its highest point. Practice alone can enable us to do this. At first the raising of the key and its depression require each a separate act of the will, between which two acts lie a certain space of time, which depends upon the condition of the organ of our will and the mind. According to the so-called law of co-ordination of physiologists, if two voluntary motions or acts are frequently repeated in immediate sequence, a separate act of the will is not needed for each, but one impulse of the mind is sufficient to cause the first, and the second will follow involuntarily. Thus, in the case before us, after practice, one act of the will will suffice both for raising and pressing the key, and as soon as this happens the period of time between the two acts is in a great measure, though not entirely, removed from the influence of our will, and comes to depend upon the rapidity with which the impulse is conveyed through muscle and nerve.

As in neural analysis it is only *this* rapidity with which we wish to become acquainted, and the influences which modify it, the degree of skill indicated is an indispensable prerequisite, but according to Jaeger's experience, can be acquired in a few days with a practice of an hour daily.

The gradual development of an increased rapidity in conduction as a result of practice, he regards as too gradual to

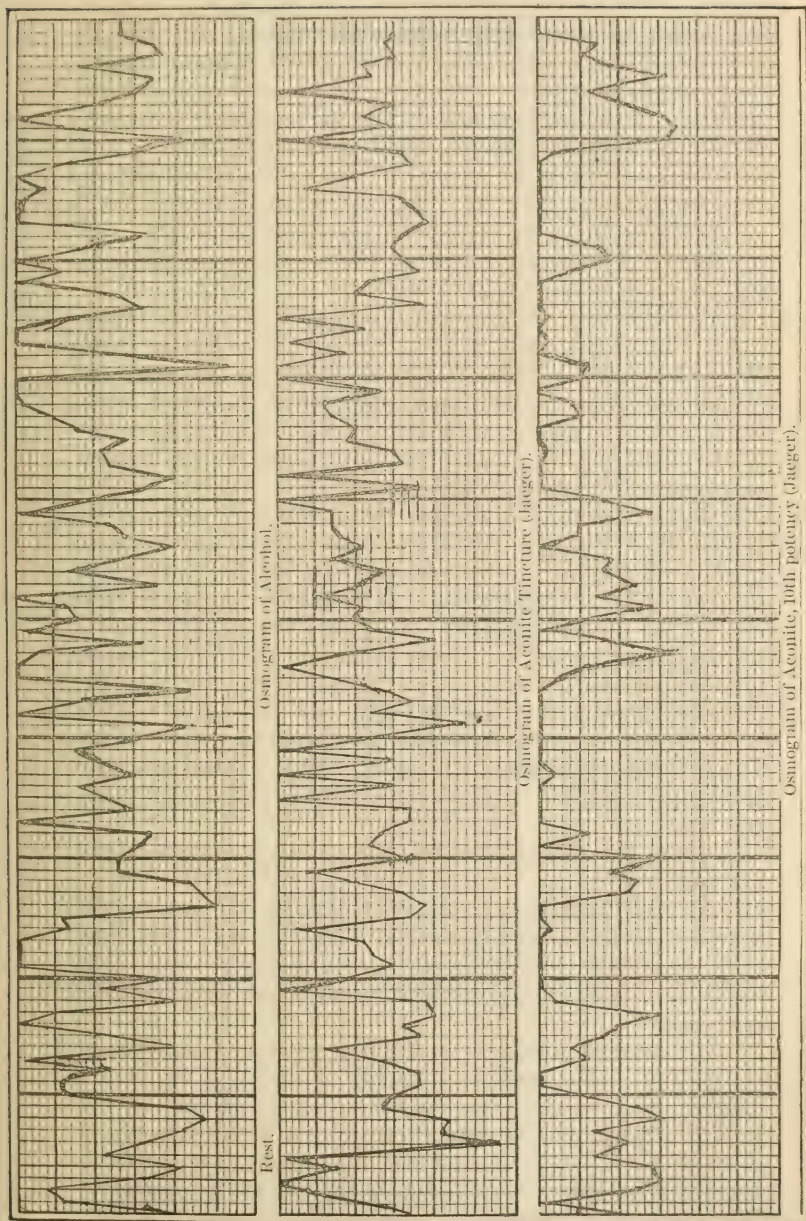
produce any appreciable disturbance in the neural analysis. But another influence on the nerve time, resulting from the co-ordination of motions, he considers of greater importance, and a knowledge of it necessary to a comprehension of neural analysis. In measuring nerve time it frequently happens, after the requisite degree of facility has been acquired, and especially when substances are being tested which increase the nervous irritability, that not only are unusually short times obtained on the dials, but the hand may not move at all; we only hear the click following the connection of the works. It may even go so far that we do not even move the key to close the current, but sit apparently powerless before the instrument, yet with a decided feeling of excitement. In such an act the nerve time is equal to zero. If on the other hand the attention be distracted at the moment that the measurement is being made, a retardation, *i. e.*, a too long nerve time inevitably results, but the fact is remarkable that without exception, and quite involuntarily in the next measurement, this loss is made up, by an intensified energy of the will, and is in consequence balanced by an unusually short nerve time. Hence the faults of attention, strongly marked in the detailed curves, exert no influence on the curve derived from the means of the consecutive acts. The mean of the long and short acts is usually equal to the mean of the "decade," or ten consecutive acts.

3. *The Neural Analytical Curve* (psychogram).—With the help of a watch marking the seconds, let measurements of the nerve time be made, say for one hundred times consecutively at regular intervals of ten or twenty seconds. Each measurement he calls an *act*. Out of each resulting set of one hundred numbers, he constructs two kinds of curves graphically to represent the variations in the nerve time.

1. *The Detail Curve, or Curve of Details*.—On a strip of paper, ruled both horizontally and vertically into millimeters, the above numbers are marked at regular intervals, by points lying below the upper boundary line as many quarter millimeters as the nerve time is milliseconds. A point standing high up, therefore, indicates a short nerve time, and *vice versa*. By connecting these points he obtains a zigzag line which he calls the detail curve. (See diagram, page 271.)

2. *The Decade Curve, or Curve of Means*.—To obtain this the above one hundred numbers are divided into groups of ten each, called *decades*. If one adds together the ten numbers of each decade and divides by ten, we obtain the mean worth or average, which he calls the decade mean, or decade





number. By means of the ten decade numbers a curve is constructed, as in the case of the detail curve, with the only difference that the numbers are marked by a short horizontal line, and not by a point.\* He calls this curve a *neural analytical* curve, because it gives us a graphic numerical picture of the condition of our nervous system, as to irritability and variability, and because we can thereby investigate the internal and external influences that affect our nervous system, while on the other hand we can, from its condition at any time, conclude as to the nature of the influences operative at the time of taking the measurements.

4. *What causes Variations in the Neural Analytical Curve?*—He claims that after experimenting for one year, partly alone, and partly with four of his scholars, he has succeeded in discovering all the influences that determine the character of the curve. This character depends upon the whole chemical constitution of the fluids of the body, especially of the nervous system, and this is altered:

1. By all chemical substances that enter our bodies in the natural way from without, that is, all we eat, or drink, or inhale. The curve varies with each kind of food and drink, and in each stage of digestion. A curve taken before an evacuation from the bowels differs also from one taken afterwards.

Of special importance is the discovery that those volatile chemical substances which enter the body with the inspired air have a much more decided effect than articles of food or drink upon that attribute of the nervous system about which the psychogram gives us information. The psychograms produced by substances entering from without Jaeger calls *Exo-psychograms*.

Further, the chemical constitution of our nervous system is changed by:

2. Every increased or altered activity of an inner organ, whereby new chemical substances or such as were not previously present appear in the body, or those already there suffer change or decomposition. Here the emotions play the principal part.

3. The curves obtained by different persons under the action of the same substance will vary according to the mental condition of pleasure or disgust that accompanies the act.

4. The same person cannot obtain the same curve, even when under the influence of the same substance, unless the chemical constitution of the nervous apparatus be the same in the various experiments.

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\* See diagram, page 277.

5. *The Neural Analytical Disposition.*—By this he means the particular chemical constitution of the nervous system existing at the time of undertaking a neural analysis, and he formulates the law that only with the same disposition do the same curves result from the same influence, and the act of neural analysis depends on being able in each case to reproduce this disposition before proceeding to the analysis.

To assist in doing this he gives the following instructions, based upon the preceding.

1. Undertake the measurement only during the period between the morning evacuation of the bowels and the noonday meal, and let the breakfast always consist of the same articles of food. This will give us a similar morning disposition, and if the same rule be observed respecting the diet on the preceding evening, a like evening disposition is obtained which will add to the reliability of the results. Smokers are either not to smoke on the morning of making their experiments, or are always to do so, and always to use the same kind of tobacco.

2. In the apartment in which the neural analysis is undertaken the constitution of the atmosphere should always be the same. It being difficult to effect this, it will be sufficient to observe the following precautions: *a*, Always to use the same room; *b*, to allow only the same articles in this room, and only those whose odor or exhalation remains constantly the same; *c*, before beginning, the air in the room should be thoroughly purified by atomizing oxygen in it; *d*, during the measurement no other person should enter the room, since not only is the attention diverted thereby, but the accuracy of the results is influenced by the exhalations from his person; *e*, no strange smell should enter, hence the proximity of a kitchen is especially dangerous; *f*, we should be careful not to spill any of the liquid being used, since the odor is diffused through the room, and the measurement affected; *g*, some interval of time must elapse between entering the room and beginning the measurement, since each room has its own peculiar atmospheric constitution, which causes rapid variations in the nervous irritability, that are not succeeded by the proper equilibrium until after the lapse of  $\frac{1}{4}$  to  $\frac{1}{2}$  an hour; *h*, we must not begin the measurement immediately after taking our seat at the table; *i*, the kind of clothing is of importance. Persons who wear mixed clothing will never be able to produce so uniform and equable a disposition as those who wear clothing entirely of wool; *k*, after obtaining a psychogram with one inhaled substance we ought not to proceed at once to a measurement with another,



for both the apartment and ourselves are still under the influence of the first. We should purify both again with oxygen, and try whether our nervous condition is the same as it was at the beginning; *l*, we ought not to undertake to procure several psychograms on the same day. The curve obtained one hour after breakfast cannot fairly be compared with that obtained two hours after, but one of to-day at a certain hour can be compared with one obtained at the same time to-morrow.

3. The analysis should always be undertaken in the same frame of mind, and the more composed and tranquil this is the better. The effect of emotional disturbances may often be removed or rendered harmless to affect the curve by frequent inhalations of oxygen, or a short stay in the open air. Of course no attempt at analysis should be made during physical indisposition.

4. The temperature of the apartment is not entirely indifferent, but has more influence on the height of the curve than upon its quality, which latter is only affected by extremes of temperature, when we become *too* hot or *too* cold.

5. That the state of the weather and season of the year exert an influence upon the neural analytic curve cannot be doubted, but no systematic investigations have been made, and Jaeger thinks that they have not interfered to any marked degree with the results that he communicates.

6. *The Technicalities of Chemical Neural Analysis.*—To examine a substance neuro-analytically, we may either swallow some portion of it—the curve then obtained he calls a *genogram* or *taste-curve*—or we may breathe in that which is exhaled from it, obtaining an *osmogram*, or *smell curve*. Between the two there is a great similarity, although for purposes of neural analysis the recording of osmograms recommends itself, both because of its universal application (even metals exhaling sufficiently to cause beautiful osmograms), and because the after effects of an inhalation are more within our control. Without at present referring to the extreme attenuations, it is immaterial with what quantities of the substances the experiments are made, the curves for the same substance remain the same, yet it is advisable to operate with equal quantities as far as possible.

In the case of very volatile bodies it will be enough to smell at the closed vessel, or the substance can be diluted with definite quantities of alcohol. A peculiar method must be adopted with those substances that are liable to decomposition, *e. g.*, meat.

If it be wished to examine the same substance several times we must not have the whole quantity before us at once, since thereby it will become contaminated from our breath and useless for future experiments.

Of course, the vessel into which we wish to place the substance to be tried must previously be thoroughly purified and freed from all smell. This may best be accomplished by holding it over an open bottle containing oxygen, after having rubbed it well.

7. *The Neural Analysis of the Homœopathic Dilutions.*—One of his scholars, Göhrum, having found a striking difference between the osmograms obtained from *Succus niger*<sup>m</sup>, and the alcohol used in making the dilution, Jaeger openly announced the fact, although an opponent of the homœopathic doctrine of attenuations. He was urged to undertake a systematic proving of the homœopathic dilutions, which he began with great willingness. He selected *Aconite* as one of the most frequently used of homœopathic remedies, in potencies from the mother tincture to the 200th; *Thuja*, because it had the reputation of having peculiar strength in the higher potencies, up to the 1000th; *Natrum mur.*, because the alleged action of the potencies was the most incomprehensible, up to the 200th; and *Aurum*, because regarded as insoluble in alcohol, up to the 500th. The greater part of the investigations were carried out by those of his scholars, Messrs. Göhrum, Panzer, and Schlichter, who were well practiced in neural analysis. The method of proving was to construct double osmograms as represented in the tables accompanying his pamphlet, obtained in the following manner:

First, ten acts were carried out without inhaling any substance. These ten acts constitute what he calls the “rest-decade.” Then ninety while inhaling the alcohol used in making the homœopathic dilution. These one hundred acts form the first half of the osmograms, divided into ten “decades.” The first decade number is the “mean worth” of the “rest-decade.” Then follow nine numbers of the nine decades during inhalation of the alcohol. In order to facilitate comparison of these last with the rest-decades, the horizon of the latter is continued across through the alcohol portion of the osmogram. The second part of the osmogram is obtained from one hundred measurements reduced to ten decades, made during the inhalation of some other fluid, *e. g.* *Aconite*. Through this portion there also runs a horizon. This second horizon is the mean of all the ninety acts in the alcohol part. The number

upon which this is based he calls the *century mean*, or *century number of alcohol*, or the *alcohol number*.

The osmogram is crossed by horizontal lines, distant from each other one millimeter. In entering the results, one millimeter is equal to four milliseconds, and the line representing the decade mean is drawn as many millimeters from the uppermost line as result from a division of the milliseconds by four, *e. g.*, a decade mean of forty milliseconds would be placed ten millimeters below the upper line.

As regards the numerals in each osmogram: in the first half stands first the mean of the "rest-decade," and below it the century number of the alcohol in milliseconds.

In the second half of the osmogram we have above, the century number of alcohol, under it the century number of the second half of the osmogram, with the name of the substance from which it was obtained.\* (See diagram, page 277.)

Heading each series of osmograms Jaeger gives one in which the first ninety measurements with alcohol are followed by a second portion obtained from the same alcohol. This osmogram he calls the *normal osmogram*, and upon a comparison with this must be based the answers to the following questions:

*a.* Can one, by neural analysis, distinguish between a homœopathic remedy and the alcohol with which it has been prepared?

*b.* Do these remedies exert a different and stronger effect upon the nervous system than alcohol alone?

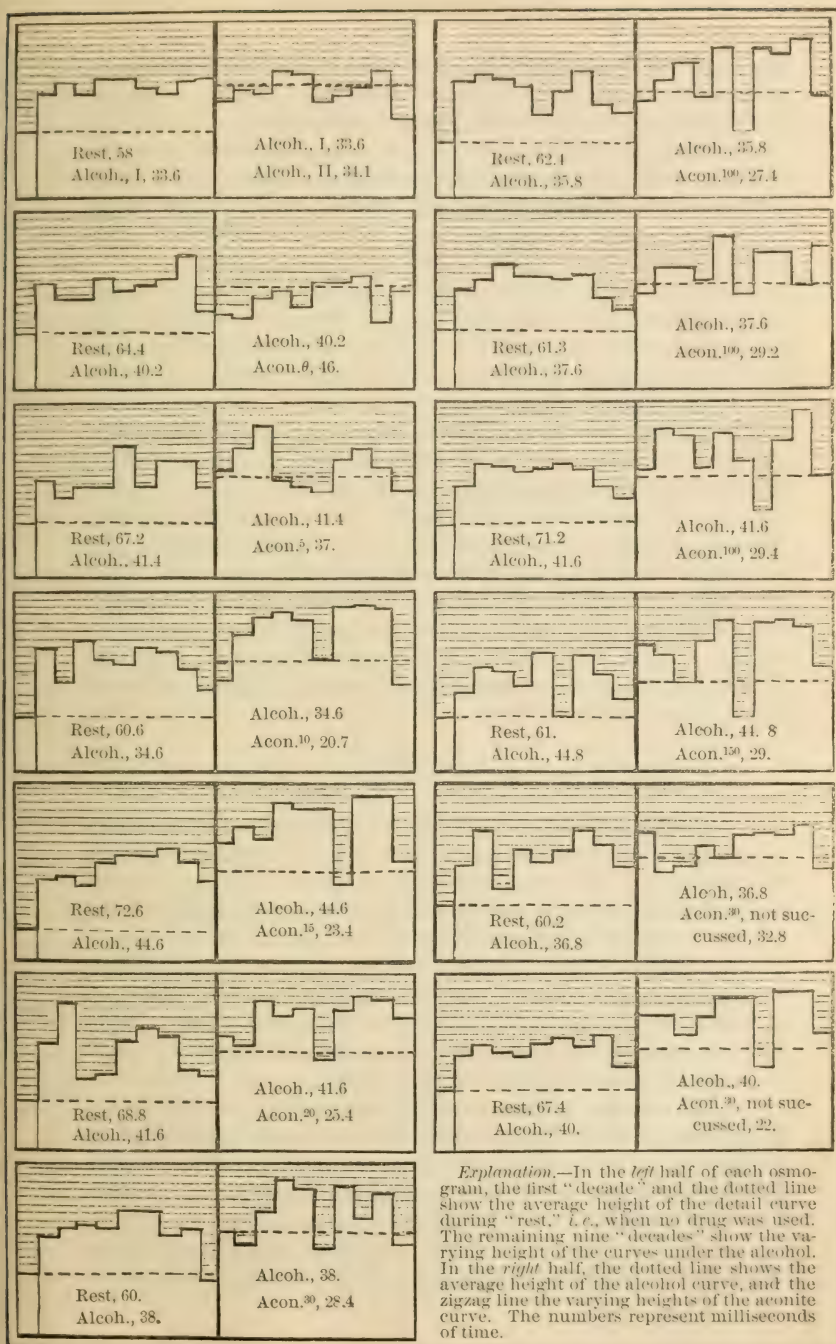
He maintains that the analysis is much more exact, if, each time before inhaling the substance to be proved, we create in ourselves an alcoholic disposition which shall force into the background any other existing disposition proceeding from the previous physiological condition of the body.

In reckoning the difference per cent. between the alcohol and potency, not only the absolute difference was taken, but to this the absolute difference between the two century numbers of the normal osmogram were either added, if their signs (+ or —) were different, or subtracted if alike. For example, Göhrum, in making a normal osmogram, always found a lengthening of the time in the second alcohol part, when he

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\* In Jaeger's book these numbers are followed by the *differences* between the mean of the rest-decade and those of the alcohol decades in the first half of the osmogram, and the difference between the alcohol mean and the potency mean in the second half. These we have omitted from our diagram for want of room.





*Explanation.*—In the *left* half of each osmogram, the first “decade” and the dotted line show the average height of the detail curve during “rest,” *i. e.*, when no drug was used. The remaining nine “decades” show the varying height of the curves under the alcohol. In the *right* half, the dotted line shows the average height of the alcohol curve, and the zigzag line the varying heights of the aconite curve. The numbers represent milliseconds of time.

then in a potency osmogram found an acceleration by the potency, the proper expression of the difference between alcohol and potency is the sum of the two differences.

In the tables that he gives he has marked with a capital letter the initial of the person making the measurement, with a Roman numeral the number of the series made by the same individual, and with a second initial the name of the pharmacy from which the preparation used had been obtained.

After an analysis of the *Aconite* curves obtained by himself, and an account of the subjective symptoms, experienced both during and after the smelling of the potencies, he passes on to the osmograms obtained by his scholars both with *Aconite* and the other drugs mentioned above.

The general conclusions arrived at he has already given in the paper translated by Dr. Korndörfer, which appeared in the *HAHNEMANNIAN MONTHLY* for November, 1880. In his last chapter on *Idiosyncrasy* he brings the whole subject in connection with his theory of the soul. Each individual has a peculiar something about him which distinguishes him from all other individuals. This is a chemical body, the odorous exhalation from his person, which is the bearer of his idiosyncrasy. This is independent of the will and acts unconsciously. Neural analysis measures this, and is consequently a measurement of the soul.

#### ANALYSIS OF THE VARIOUS SERIES.

1. *Aconite Series, by Jaeger, Table I, Series 1.*—The normal osmogram gives a difference of only 1.4 per cent. between the two alcohols. (See diagram, page 277.)

In the potency osmograms, *quantitatively* considered, we find that by *Aconit.* there was a retardation of the nerve time of 14.7 per cent. All other potencies show an increase of nervous irritability, running up from 10.6 per cent. in the 5th potency to the maximum of 47.5 per cent. in the 15th. This was followed by a decrease, until with the 150th potency there was again an increase up to 35.2 per cent.

*Quantitatively* considered we find that all the *Aconite* osmograms fall into two halves, separated by a deep depression or minimum. This minimum corresponds in the  $\theta$  to the 5th decade, in the 15th to the 7th, and in all the others to the 6th. The latter half of the osmograms consists in all, with the exception of the 15th, of a maximum extending through those decades (in the 15th through only two), followed in all in the

final decades by a diminution of irritability (less marked in the 20th), and this followed in the  $\theta$  by a slight increase. The first halves of the Aconite osmograms show greater variations, but can be divided into two groups, the one, including the 10th, 15th, 25th, and 30th potencies, all of which show a maximum of three decades, preceded by two (in the 15th by three) minima.

In the 100th, from Schwabe, this maximum is divided by a minimum into two maxima. In the 5th the maximum of the 5th decade has fallen away, and only that of the 3d appears, while in the 150th the 3d has disappeared and the maximum of the 4th and 5th remain. In the  $\theta$  there is a tendency to two maxima in the 3d and 4th decades.

The first two decades are throughout low, with the exception of the 150th, which was measured with a different disposition. We also have osmograms of two potencies of Acon. 30th, marked "unshaken," and made without succussion.

The measurements were taken at an interval of five days, and the last one was found to agree remarkably with the curve of the 15th potency, while the first differs considerably from all other Aconite curves. From this he draws the conclusion that succussion does not increase the medicinal strength of a dilution, but is only a means of reaching a desired potency with certainty; for without it accidental circumstances would determine whether we would obtain a high or a low potency.

On the strength of the difference between the two curves he provisionally suggests that by succussion the drug (here Aconite) enters at once into a condition representing its full medicinal power, whereas if it be omitted, time must act as a substitute to produce the same effect.

Of detailed curves he gives but four, the normal osmogram and that of the  $\theta$ , the 10th, and 100th of Schwabe.

He draws attention to the maxima of the detailed curves, *i. e.*, when the personal equation = 0. Although this occurs once in 300 rest-decades, in alcohol this frequency is increased to 1 : 5.4, and the potency osmograms contain 2.7 times more zeros than the alcohol ones! In the 15th potency 11 occur in succession, the highest number of successive zeros.

2. *Thuja*.—Besides a proving of the 1000th potency by Jaeger himself, it was tested also by Göhrum. Both found very great increase of excitability, but, as compared with the high potencies of Acon., Natr. mur., and Aurum, the subjective symptoms were few.

In Göhrum's analysis the irritability increased with the



potencies up to the maximum in the 15th (70.6 per cent.). In the 30th it is 61.6 per cent.; in the 300th, 67.6 per cent.; 400th, 42.2 per cent., and in the 1000th, 63 per cent. In a second trial of the 400th, 57 per cent. was obtained.

The curve never sinks to the horizon of alcohol and everywhere shows high maxima, with frequent repetitions of zero, which occurs in the 15th potency 19 times in succession, and in the 10th, 17 times.

3. *Natrum Muraticum*.—Up to the 100th, the potencies of this remedy had been procured from the pharmacy of Zenegg, in Cannstadt; the high potencies from Hess, in Nuremberg.

The alcohols of these two pharmacies differed considerably, as is seen from a comparison of their respective curves.

As subjective symptoms, Jaeger experienced a shivering, amounting occasionally to an actual shaking, and an increased flow of saliva. The feeling of excitability was at times very marked during the smelling of the high potencies, attended with frequent zeros. After-effects, in the form of periodical, very perceptible increases of irritability occurred, especially after the 15th, 100th, 200th, 500th, and 2000th, against which the inhalation of oxygen proved of no avail.

We find here, as in Acon. and Thuja, repeated maxima, between which the curve sinks, and strangely enough again the first maximum occurs in the 15th potency. But the later maxima continue to rise, and reach the highest point attained in the 2000th.

In order to be sure that these effects were not due to the Chloride of sodium, which spectral analysis shows to be constantly present in the atmosphere, he had alcohol potentized alone, without any medicinal substance, up to the 100th. In testing this he found that the effect of the alcohol upon the nervous system was thereby increased only 0.7 per cent., which, compared with the 60 per cent. in *Natr. mur.*<sup>2000</sup>, at once settled the question.

From the measurements of Göhrum he concludes that the lower potencies resemble alcohol more nearly than do the higher in their effects.

This series seems most of all to encourage his hope, that by his methods he may eventually be in a condition to distinguish the homeopathic dilutions not only *qualitatively* but even *quantitatively*, for we here find the curves falling into groups, with certain points of resemblance; thus, *e. g.*, the 10th and 20th resemble each other, the 30th and 100th, the 200th and 300th, and each of the high potencies stands alone.

4. *Aurum*.—A complete series of experiments was made out by Schlichter.

Here, again, the first maximum is found in the 15th potency.

Schlichter asserted that it was possible to distinguish the 500th by its sharper odor from pure alcohol, and this was confirmed by several other persons. An allopathic physician, Renz, affirmed that he was able to distinguish, not only between *Aurum*<sup>500</sup> and *Natr. mur.*<sup>2000</sup> and pure alcohol, but even between the two medicines, the former affecting his lachrymal apparatus, the latter the organ of taste.

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### A FEW WORDS ON HOMŒOPATHIC POSOLOGY.

BY C. NEIDHARD, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE more homœopathic a remedy is to a given disease, the more susceptible will the patient be to its influence. In the same ratio will the higher and highest dilutions still act.

By frequent repetitions of these high dilutions of the same remedy, and in the same disease, this susceptibility will gradually diminish and finally cease entirely, no matter how strongly this remedy may be indicated according to the similarity of the symptoms. For this reason Hahnemann counselled against the frequent repetitions of remedies, because experience had taught him that the susceptibility to a particular remedy was lessened, if constantly repeated:

In the same way as the exquisite aroma of the rose, tuberose, carnation, and of all flowers constitutes their spirit and strength, all metals, earths, and other substances have also a chemical and dynamical force. This last cannot be detected by any test thus far known to us. Perhaps Dr. Crooke's experiments in molecular physics, establishing a fourth or ultra-gaseous state of matter, may unravel the mystery. Substances which have the same number of atoms chemically have an entirely different dynamical effect. Witness the oil of roses, balsam of copaiva, oil of juniper, etc. It is another question, how far this spiritualization of remedies can be carried in order to be still active.

We have seen undoubted benefit in many cases from the administration of the 30th and 200th dilutions. In every case of this kind the persons thus affected were extremely sensitive to the particular remedy in question.

In the course of years, after some improvement of the patient's condition, the remedy could be borne in a more material form with impunity. Thus the sixth and even a lower preparation of the same remedy, which formerly would have aggravated all the symptoms, was entirely curative.

Some have suggested to continue the dilutions to still higher degrees, but this will not improve the matter. In such cases extremely close observation and constant watchfulness are necessary; otherwise we may ascribe this apparent aggravation to the action of the high dilutions, when it is only the result of the natural aggravation of the disease.

We belong thus to that class of homœopathic physicians who believe that the dilutions do not constitute an absolute increase of power, but are merely active on account of the intimate homœopathic relation of the particular remedy to the disease in question, and in consequence the extreme susceptibility to this agent.

To these conclusions we have not arrived by any theoretical notions, but by the experience of numerous facts, all corroborating the same views.

We will mention a few from a very extensive record.

Mary E. was at first affected very severely by the high dilutions 400th and 200th suitable to her case. After a year's treatment she can take the 6th and even lower dilutions with immediate benefit and without aggravation.

Miss ——— was conscious of the same result by her own observation. Phosphor., which in the 500th dilution fearfully aggravated all her symptoms, causing with every dose profuse debilitating perspiration, she can take now in the 6th dilution without detriment. When for a time she has not taken this agent, the old susceptibility to it returns.

Hahnemann, in recommending the use of the 24th or a still lower dilution after the 30th had been used for some time, must have had this idea in his mind.

A very singular case showing the extreme susceptibility to homœopathic remedies and also to spring-water lately occurred in my practice.

A lady arriving from Green Bay suffered from extreme pain in the ovaries for which *Sepia* was indicated. She warned me about her sensitiveness to the action of homœopathic remedies, requesting me not to give her any but the high dilutions. She received the 200th of *Sepia*, which promptly relieved her. At the same time she informed me that the medicine must be



dissolved in water which had been boiled; otherwise even the purest and freshest spring-water would cause deadly sickness.

The same lady could take, however, without injurious effect a large cup of the strongest coffee or tea, and if necessary half a tumblerful of brandy. There are idiosyncrasies for which it is difficult to account. ONE THING, HOWEVER, IS CERTAIN; THESE IDIOSYNCRASIES ARE IDENTICAL WITH THE HOMŒOPATHIC LAW.

In other cases, although the remedies were selected with the greatest care and after long study, the same high dilutions had no effect whatever, and lower dilutions, and even the first two triturations and tinctures, had to be prescribed in order to cover the given case.

A few examples will suffice, taken at random out of a great number.

1. *Sepia*<sup>4</sup> cured a pain in the occiput and down the spine, with giddiness and sick stomach, after prescribing *Sepia*<sup>30</sup> in vain.

2. In a case of soreness in the left lung through to the back, with also a similar pain in the right lung with expectoration of white phlegm, *Kali hyd.*<sup>200</sup> had not the slightest effect, but *Kali hyd.*<sup>1</sup> cured at once.

3. *Colocynth.*<sup>6</sup> relieved and cured quickly a case of bilious dysentery, whilst under the influence of *Coloc.*<sup>200</sup> the patient was constantly getting worse.

4. A severe stinging and shooting pain at the entrance of the urethra and neck of the bladder before and during micturition was not in the least benefited by *Thuja*<sup>300</sup>, but was relieved and cured at once by *Thuja*<sup>6</sup>.

5. A throat disease of long standing was finally cured by *Calc. carb.*<sup>1</sup> and *Phosph.*<sup>3</sup> After a year it returned, *Phosph.*<sup>1200</sup> and *Calc. carb.*<sup>1500</sup> were prescribed. The patient said: "You have changed the remedies! These last had no effect." The lower dilutions being resorted to as before cured the patient.

In these cases both the susceptibility of the individual to particular remedies, as well as the nature of the disease, have to be taken into account, in order to arrive at correct conclusions.

#### DISCUSSION.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

DR. BIGLER: Portions of Dr. Neidhard's paper agree with the experiments of Professor Jaeger in neural analysis. He has proved that metals and other substances have certain exhalations producing increase or decrease of nervous irritability.

By means of his "chronoscope," which will measure the  $\frac{1}{1000}$  of a second, he has shown the power of different substances on the nervous system. He has experimented with homœopathic dilutions, and found that the nervous irritability was greatest with the 2000th potency. Of course, such experiments are subject to great variations from outside influences; clothing, the presence of other persons, etc., will alter the curves of the instrument. I would like to know, if a remedy is so homœopathic as to produce an aggravation, why it will not cure!

DR. ALLEN had often observed that when a low potency failed to act, a high one would frequently give relief, and *vice versa*. There are varying degrees of susceptibility. Disease acts similarly. In 1872 he had a severe case of small-pox. A daughter who was constantly with the patient escaped the disease; another daughter who was more or less in the sick-room, had some backache, headache, and a few pocks, while others in the family who were with the patient but once took the disease badly.

DR. WILLIAMSON thought we should always bear in mind the natural course of disease in speaking of aggravations. Often the medicines have nothing to do with aggravations.

DR. SARTAIN inquired whether high potencies were longer in producing effects than the lower.

DR. NEIDHARD said that depended altogether on the nature of the case.

DR. MOHR agreed with Dr. Allen's idea of varying degrees of susceptibility to medicines and diseases. Many patients bear any potency well; some are only benefited by low potencies, while others require potencies very high. In some cases you must choose the potency with the same care that you use in the selection of the medicine itself.

DR. NEIDHARD said his experience accorded entirely with Dr. Mohr's.

DR. BANKS related a case of pneumonia to illustrate this point. *Bellad.*<sup>3</sup> made no impression, but *Bellad.*<sup>200</sup> cured promptly.

DRS. SARTAIN, WILLIAMSON, and MOHR., speaking of medicinal aggravations, agreed that they passed away with a discontinuance of the medicines, but increased with each dose.

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## THE VIENNA HOSPITAL.

BY C. H. HOFMANN, M.D.

THE Vienna Hospital is an irregularly shaped building, or rather series of buildings, in the form of hollow squares or courts, nine in number, the whole being about the shape of the letter T, and comprising within its walls about six or eight acres of ground. It contains three thousand five hundred beds, and in addition has numerous dwellings for the employés and a clinical lecture-room for each professor. Were it not for the private dwellings the hospital would accommodate at least five thousand patients. Although the institution is in a closely built-up portion of the city, the courts allow ample light and air; in fact, it seems almost a waste of room, as the largest is several acres in extent, and is laid out as a garden, with shady walks and beds of flowers.

The hospital in general is two stories in height, but one or two of the newer courts have three. The walls are very massive, being from three to four feet in thickness and have double windows, opening, like all windows in Germany and Austria, by means of hinges, like doors. The stairs and passages are of solid stone, and as there is very little woodwork, with the exception of the flooring and furniture of the wards, the buildings are almost as nearly fireproof as they can well be made.

In the rear of the hospital is the large pathological institute, and at the same time deadhouse of the institution, with the inscription on the front just under the roof, "*Indicandis sedibus et causis morborum.*" It is of much later date than the hospital, and is built in the modern style.

All the lectures are delivered in the hospital lecture-rooms, or in the anatomical institute, which is within a block of the rear of the hospital. The course for students in the University of Vienna comprises six years of two semesters each, the two semesters together making a collegiate year of nine to ten months. The first four years are spent in the same way as in any other college,—attending lectures, dissecting, and the like. The last two years the student is a *praktikant*, i. e., he must go through the medical and surgical wards with the professors or assistants, examine patients, and, in the obstetrical division, deliver cases. After two years of this work he receives his medical diploma, and is licensed to practice medicine. The number of medical students and post-graduates here at present amounts to nearly fifteen hundred, coming from almost every country under the sun. The United States are well represented



in this array, their quota reaching about one hundred and twenty.

The lecture-rooms are illy adapted for either seeing or hearing, as they are mostly twice as great in breadth as in depth, and the light is directly in the faces of the students. Two of the professorships which have been vacant during the present semester have been recently filled, Professor Albrecht, of Innsbruck, having been elected to fill one of the chairs of surgery left vacant by the death of Professor Dumseicher, and Professor Kaposi to the chair of dermatology, which had been filled by him since the death of Professor Hebra. The material for the clinics is abundant, especially in the skin clinic, where the material is so woefully deficient even in the best of our American colleges. Comparatively rare diseases of the skin are here treated as almost every-day matters, and the student sees cases which he can hardly expect to meet with in a lifetime of general practice.

One specialty of the Vienna school is the private courses given by the privatdocents and the assistants. The courses are eminently practical, and wherever there is a good one it is sure to be half filled up by our American colleagues, who have the reputation of being the hardest workers in the college. Private courses can be had on any conceivable and even inconceivable subject. The student is made familiar with the operations of surgery, ophthalmology, obstetrics, etc., on the cadaver. In other courses, as laryngoscopy and otology, he can examine the patients to his heart's content, and, when he has become proficient enough, is allowed to treat them. Does the student wish to devote his time to pathology, he can take the whole day to it. Does he wish to become a specialist on any branch, he has here the opportunities nowhere else offered. At the same time there are poor and worthless courses here as well as good ones, and the student must be careful as to what he takes.

The grand feature of the hospital here is, as every one knows, its obstetrical department. It is divided into three clinics, one for midwives and two for physicians. In the whole department there are delivered annually about ten thousand women, each clinic getting an equal share. The one most visited by Americans is presided over by Professor Carl Braun. The students are divided into groups of four, two of which are on duty for twenty-four hours, commencing at 2 P.M. one day and ending 2 P.M. the next day. In order to practice, they must declare their intention to do so by depositing their clinic cards

in the delivery-room before 4 P.M. of the same day. Should the eight cards not be passed in, the number is filled by taking in order the names from a reserve list, on which the students desirous of practicing that day inscribe their names. In regard to this list, it is "first come, first served," and often there is quite a scramble as to who can be the earliest in the morning so as to put his name down first, for it is comparatively seldom that all eight cards are passed in.

The record of this clinic has been excellent for the two months beginning the middle of October and ending the middle of December of last year. Out of six hundred women delivered only two died. Among the cases which recovered was one of decapitation of the fœtus for neglected shoulder presentation, with tetanus uteri. This operation is here performed by means of a probe-pointed blunt hook. It looks somewhat like the sharp-pointed hook of Smellie, but has been somewhat modified by Braun. With the middle of December an epidemic of severe cases set in. In about two weeks' time three craniotomies were performed, one for hydrocephalus of the fœtus, one for contracted pelvis, and one for inefficient labor-pains. Since that time one more has been added to the list. In all of these cases tympanites uteri existed, in which immediate evacuation of the uterus is indicated, according to Braun, as the fœtus is generally dead, and the woman in great danger of septicæmia from the decomposition indicated by the gases.

About the middle of January there was a case of rupture of the uterus in a case of face presentation with the head in the pelvis. The woman presented no signs of collapse, except a weak pulse, which was attributed to the protracted labor. The rupture was not recognized before the delivery of the child, as there was no clue to guide to such a diagnosis. The forceps were applied in the lecture-room, before the students, by Professor Braun, the head rotated by means of the forceps, and the child then delivered. The shoulders were delivered, however, with great difficulty, which was afterwards attributed to the child's being in the peritoneal cavity and the neck encircled by the edges of the rent. The placenta immediately followed the child, which was dead. A little blood came after the delivery of the head, which made Professor Braun suspicious of a laceration of the cervix, especially as the os was not fully dilated when the forceps were applied. He made a digital examination and then inserted the hand, upon which he immediately recognized the true state of affairs. No time was to be lost, so he at once resolved to open the abdominal cavity and to re-

move the whole uterus, according to Porro, as giving the woman the best chance for recovery. This was done, the stump of the cervix seared with the actual cautery, and the wound united, the stump having been secured in the edges of the wound. Strange to say, very little blood was found in the peritoneal cavity, and there was very little hæmorrhage from the edges of the rupture when the abdominal cavity was opened. Unfortunately the woman died from shock eighteen hours after the operation.

January 29th, a Cæsarian section, or rather Porro's modification of it, was performed by Professor Braun. The patient was a rachitic dwarf, not quite four feet in height. The antero-posterior pelvic diameter was only four centimeters. As she came into the clinic when she was already five months advanced in pregnancy, all hopes of averting the operation by inducing abortion were futile. The fœtus had become too large even at that time for delivery through the avenue intended by nature. Professor Braun acquainted her with the facts and sent her home for a month or two to think the matter over, after having told her that her only chance of life lay in the performance of the operation. Two weeks before the operation she again entered the hospital, and on the night of the 28th labor-pains, although as yet somewhat weak, set in at 3.40 P.M. Professor Braun commenced the operation, making an incision from the umbilicus to the pubis. The edges of the wound were retracted, and sponges placed under them to make sure that no foreign matter should find its way into the peritoneal cavity. The uterus was now opened by a sweeping cut from the fundus to the cervix, the child extracted and removed, and the cervix compressed by an assistant to prevent undue hæmorrhage. The uterus was now lifted out of the abdominal cavity, and the chain of an *écraseur* passed around the cervix and tightened. The whole organ was now removed close to the *écraseur*, and the stump seared with the actual cautery. No blood or amniotic fluid was found to have passed into the peritoneal cavity, and the wound was sewed up, securing the stump in the edges by means of a long needle passed through it, and the edges of the wound being sewed to it. The whole operation was done very quickly, from the first cut to the delivery of the child five minutes, and to the end of the whole operation thirty-five. The child was asphyxiated, but resuscitated after some little difficulty. It bore the marks of a congenital rachitis. The patient is in good condition, the pulse and temperature being excellent, and she feeling strong and cheerful. There was no shock, and she will in all probability recover.



## Miscellaneous Contributions.

### HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

REPORTED BY F. H. ROYNTON, M.D., SECRETARY.

THE regular meeting of this society was held at the Ophthalmic Hospital, April 13th, 1881. There were thirty-four members present. In the absence of the President and Vice-President, William H. White, M.D., was called to the chair, and the minutes of the last meeting, held March 15th, were approved as recorded.

The Executive Committee reported favorably on the nominations made on March 16th, of S. H. Vehslage, M.D., and Charles G. Schlick, M.D., for membership in the society, and they were duly elected by ballot. J. H. Thompson, M.D., nominated as a member of the society J. E. Russell, M.D., of 429 West Nineteenth Street, New York city, a graduate of the New York Homœopathic Medical College.

JOHN S. LINSLEY, M.D., read a paper entitled "The Sanitology of Odors." The weight of evidence, he said, is that aromatic trees and herbs yield ozone and also certain compounds of oxygen, which are possessed of prophylactic and therapeutic qualities, and such trees and herbs, both of the native and exotic kinds, should be largely cultivated, especially species that are perennially fragrant, and those that bloom in midsummer and autumn. Offensive odors, on the other hand, are toxic, or the sign of a possible source of toxic germs of disease. They are found in many plants, as Ailanthus, Stramonium, and Tabacum; are derived from the fermentation and decomposition of animal and vegetable substances, and are the result of various chemical processes.

Ozone is the universal disinfectant, whether produced by vegetation, or by the electric spark and rain-cloud, or by the auroral currents of the Arctic zone. It is exhausted most rapidly in the low countries of tropical regions and in large cities. When it is deficient, epidemics prevail and the death-rate increases. The races that have most strongly influenced the world have lived in hilly, well-drained countries, where they have practiced an elaborate system of agriculture; and the individuals who have shown the greatest force of character and the largest intellectual powers, as a rule, have originated in sparsely peopled districts. In New York city thousands an-

nually perish for want of sanitary precautions. The city should be kept thoroughly clean. It ought to be one of the healthiest of the large cities of the world. The streets should be lined with trees. The balsam poplar should be largely planted for odor and shade. The stagnant ponds in Central Park should be drained off and the ground used for botanic gardens filled solely with fragrant plants. But if it were possible to make all these sanitary improvements, and to have an elaborate system of ventilation in each dwelling, the city, because of its dense population, would still be deficient in the needed supply of ozone, and chemical ozone must be used to compensate the lack of the natural supply. One of the simplest generators of ozone consists of a glass jar containing an alkaline solution. Through a perforated lid rises an adjustable glass rod, which holds a roll of Phosphorus, almost submerged in the solution. Dr. Linsley said he had used the ozone generator and had found it very efficient as a disinfectant and of signal benefit in a case of typho-malarial fever now in his charge.

J. H. DEMAREST, M.D., said he had used the ozone generator in the case of a patient suffering from bronchial asthma, and had found it very efficacious.

J. W. DOWLING, M.D., said that the students upstairs had complained this winter of the impure atmosphere of the lecture-rooms, which could not well be ventilated without exposure to cold. He had had two ozone generators placed in the upper portion of each room. The atmosphere was purified almost immediately and there were no further complaints.

J. M. SCHLEY, M.D., read a paper on "Ascites Chylosus," in which he described the case of a patient now under his care, who had lived longer after the first tapping than had occurred in any other case recorded in medical literature. The patient, Mr. W. C. H., of Connecticut, aged 66, had suffered somewhat from asthma for some years prior to 1879. On the 7th of May of that year he was taken with a very violent attack of the disease from which he was relieved by inhaling chloroform. About the middle of July he had another similar attack, and about the last of September still another. In October, 1879, he consulted Dr. Schley. At that time he was well nourished, weighed about one hundred and seventy-five pounds, and measured about five feet eight inches in height. He complained principally of dyspnoea on exertion, and of cough. On a careful examination all that was found was bronchitis diffusa, mitral insufficiency, with slight enlargement of the left

ventricle of the heart, extending a few lines beyond the mam-mæ, and insufficient tricuspid valves. The liver was normal in size. There was slight œdema pedum and some albuminuria. The uvula was very much elongated and was removed. About a week afterwards his cough had nearly left him and in many ways he was improved. The œdema pedum, however, had extended, and the cellular tissue was very much infiltrated up to the thighs. Some ascites had set in also. From this time his condition rapidly grew worse. His daughter, who was in constant and close attendance upon him, states his condition and treatment from this time up to March last as follows:

"The swelling began at his feet and went up till it reached his eyes. In December, 1879, he commenced to take vapor baths, at first twice a week, and then every night, till January, 1880. His greatest size was fifty-four inches. He began to decrease in size until he reached forty-three inches in January. Then he filled up again and was reduced by the baths and the Digitalis mixture. In May and the fore part of June he was very comfortable except for weakness. In the latter part of June he took cold, from which time he increased in size. He took the Digitalis mixture twice and three times a day, which kept him from increasing. He measured about forty-seven inches. In September he began to take Elaterium, after which he was comfortable for about two weeks. He then took it again with the same result. The third time it weakened without helping him any. He went until October 9th, when he was tapped. Size, 47 inches; reduced to 37 inches; 13 quarts taken away. Tapped again November 19th. Size, 47 inches; reduced to 39 inches; 13 quarts. Tapped December 20th. Size, 45 inches; reduced to 40 inches; 12 quarts, weighing 25 pounds. Tapped January 15th, 1881. Size, 45 inches; reduced to 39 inches; 12 $\frac{3}{4}$  quarts. Tapped February 12th. Size, 47 inches; reduced to 39 $\frac{1}{2}$  inches; 13 $\frac{1}{2}$  quarts, weighing 27 $\frac{1}{2}$  pounds."

He was tapped on March 17th and on April 10th of this year. Each time his breathing, etc., were immediately relieved. The case, when first seen by Dr. Schley, presented nothing unusual. The ascites followed the anasarca. The fluid first drawn from him ran out freely through the trocar. Dr. Dillow examined it and found it to be chyle. The treatment consisted of hot-vapor baths, Digitalis mixture, Elaterium, and for the last eight or ten months he has been taking Ars. and Phos. 2d trit., and occasionally Collinsonia 2<sup>x</sup> trit., for



hæmorrhoids, from which he suffered. The tapping was performed as a last resort, the patient complaining bitterly of dyspnoea and being too weak to take the vapor baths, *Elategium*, etc., any longer.

On March 25th, last, he was examined, with the following results. His greatest measurement was 40½ inches. The lower portion of the left side of the thorax bulged in and near the region of the heart, the left side measuring 13 inches and the right side 17 inches. The pectoral muscles were somewhat thicker on the left side. On deep inspiration the left lung moved less than the right, and that portion of the left lung making any exertion was limited to the clavicular region. The veins over the left thorax were much enlarged. On the right side they were normal. On percussion the right side was resonant throughout. There was slight dulness from the lower border of the fourth to near the sixth rib on the right side near the sternum. On the left side in the supra and infraclavicular space there was a clear resonant sound on percussion. Below the third rib, about one and one-half inches from the sternum, there was a duller tone on percussion, gradually passing into a flat sound downward and outward. Beyond the *mammæ*, towards the axillary line, the flatness was most marked. The heart could be distinctly felt pulsating, and the apex was in a direct line with the *mammæ*. It was enlarged both to the right and left. On auscultation in the infraclavicular space harsh breathing was heard from the fourth rib down in front, and in the axillary region there was no respiratory murmur. Vocal fremitus and resonance were absent. With the first sound of the heart there was a systolic murmur at apex. The second sound was not markedly altered. The aortic sounds were weak. Between the fifth and sixth ribs on the right side there was a distinct systolic murmur, not propagated to the left upwards or downwards. There was no pericardial rubbing and no pain about the chest. On the left side, on the post wall of the thorax, the percussion-sound was dulled up to the middle of the scapula. The vocal fremitus and resonance were slightly increased over the right side, and at the base there were mucous râles. There was no pleuritic rubbing. From the middle of the scapula up, the percussion-sound was normal. The breathing was harsh, the vocal resonance and fremitus as on the right side. In front the intracostal spaces bulge. On the right side the percussion-sound was slightly tympanitic throughout, except where the right side of the heart has pushed the lung away from the thoracic

wall. The pulse was regular, and about 72, suspiciously full and easily compressed. When the patient was on his feet the greater part of a day his limbs swelled some as far as the knee, and pitted on pressure. The bowels were regular, the appetite good, and until the accumulation of fluid in the abdomen pressed up the diaphragm to an uncomfortable extent, he could lie down and sleep well. The urine was highly albuminous from the first, varying from 15 to 40 per cent. Until three months ago Dr. Schley was unable after repeated microscopic examination to detect any kidney cells or casts, but since then, on several occasions, he has found granular and epithelial casts. In his opinion the thoracic duct was lacerated, for by measurement the patient was found to make a pint of chyle, or one pound daily, which escapes into the peritoneal cavity, producing there no inconvenience except from its loss and cumbersome weight. Notwithstanding the enormous and continuous drain upon his system he slowly gained in flesh from the time of the first tapping in October. He partook largely of pure country milk, some of which was, no doubt, absorbed immediately in the stomach. The condition of his chest was changed little since Dr. Schley first saw him, nineteen months ago. His pulse was not so full as it was then, and his heart had been pushed over an inch or more into the right thorax. At one time both pleural cavities and pericardium contained large quantities of exudation. His liver was not appreciably enlarged after theappings.

DR. SCHLEY closed as follows: "There are many questions about this case that I have asked myself repeatedly, and which I have been unable to answer satisfactorily. The first is: What caused this intense anasarca, ascites, hydrops pericardii, etc.? And second: In what relation does this growth, or encapsulated pleuritic effusion, stand to the rupture of the thoracic duct? Or did it occur when this general serous effusion was at its worst? For more than nine months he has been free from any anasarca worthy of mention, and that which does occur may be caused by his anæmic state. He lost his cough entirely six weeks after the removal of his palate. The albuminuria (kidney disease did not exist at the time) could not account for it. I have finally come to the conclusion that it was caused by the unsatisfactory state of his circulation. I diagnosed on my first examination hypertrophy of the left and hypertrophy and dilatation of the right ventricle, with insufficiency of the mitral (slight murmur) and tricuspid. If this be in fact the cause of the once intense universal anasarca, it

is remarkable that we have no return of it. May it be possible that the Phosphorus and Arsenic, which he has taken diligently for six months, has so strengthened his heart-muscle and equalized his circulation, that as yet we have no return of these ominous signs? I have no doubt but that I will be granted an autopsy, and my diagnosis will be sustained or found deficient. Whatever the result may be, it will find its way into print."

Specimens of the chylous fluid taken from the patient were exhibited.

J. W. DOWLING, M.D., said that although it might be true that the thoracic duct was ruptured, yet he thought all the symptoms—the venous engorgement, the albuminuria, the chyle in the abdominal cavity, the dropsy, the dyspnoea, and the dulness on percussion over the lung area—might be accounted for by the valvular insufficiency at the left side of the heart. If the thoracic duct should be found to be ruptured, he would ascribe that to the same cause.

DR. SCHLEY said that his diagnosis of the case at present was that the patient was suffering from mitral insufficiency, enlargement of the left ventricle, hypertrophy and dilatation of the walls of the right ventricle, making the tricuspid orifice insufficient; and he still believed that there was more than a simple percolation of chyle through the chyle ducts of the abdomen.

J. M. SCHLEY, M.D., delivered a clinical lecture upon "Chronic Interstitial Nephritis and Parenchymatous Nephritis," and exhibited specimens of diseased and normal kidney. In the first case presented, the patient suffered from enlargement of the left ventricle, without any valvular disease. The pulse was hard and full and not compressible. He had suffered for years from dyspepsia. He finally died of pneumonia. The post-mortem examination showed the left ventricle hypertrophied and the walls thickened, and a granular condition of the kidney. Dr. Schley had suspected granular trouble in the kidney, and had therefore carefully examined the urine, but was unable for a long time to find any albumen or casts; but finally, after some ten or twelve examinations, he found traces of albumen, and once found casts. He had no doubt that the kidney difficulty had existed for years and was the cause of all the patient's troubles.

The second case was of a lady who died in a uræmic condition. Her symptoms had been very peculiar, and Dr. Schley was invited to help make the autopsy. On the post-mortem



nothing was found to account for her death but the condition of the kidneys. She had no valvular disease. There was sarcoma of the left ovary. The left kidney was entirely broken down into a cystic mass. The specimen exhibited was from the right kidney. A few hours after the patient died the urine was removed, and was found to contain casts and a large amount of albumen. There was a small cyst in the kidney exhibited. The disease seemed to be a combination of granular kidney with an atrophic form of what is called the smooth large white kidney. Dr. Schley believed that a great many cases of chronic granular disease of the kidney were overlooked because physicians did not examine the urine a sufficient number of times. He thought kidney disease was on the increase in this country.

J. W. DOWLING, M.D., expressed the opinion that the hypertrophied condition of the walls of the bloodvessels themselves, causing an actual obstruction to the emptying of the left ventricle, would account for the hypertrophy of the left ventricle and also for the dilatation of the aorta.

DR. SCHLEY thought that the left ventricle became hypertrophied in consequence of the increased exertion made by the heart to overcome the obstruction to the passage of blood into the kidney, and that the thickening of the walls of the vessels was the result, not the cause, of the hypertrophy of the left ventricle.

DR. DOWLING said that if the left ventricle was hypertrophied in every case of sclerotic kidney, all authorities would concede that the obstruction in the kidney produced the hypertrophy; but the left ventricle is not, in fact, hypertrophied in every case.

GEORGE M. DILLOW, M.D., read a paper on "Some Pathological Indications for the Treatment of Chronic Parenchymatous Nephritis." The disease to which this name is applied, he said, is an intratubal disease, in which the rodlike epithelium of the tubuli contorti and of the large branches of Henle's loops have become swollen, more clouded, and granular. As a consequence of the tumefaction of the cells there is diminished calibre, or even occlusion, of the convoluted tubes, which become distended, varicose and more closely crowded together, thus increasing the volume of the cortical substance and giving to it an ivory-white appearance. There is also found fibrinous exudation into the various tubes. Many other symptoms occur if the disease is prolonged, together with complications with interstitial and lardaceous forms of kidney disease. The signs of the disease are scanty and highly albuminous urine,

containing casts of various kinds, with anæmia, prostration, early anasarca, and perhaps hydropericardium, hydrothorax, ascites, and œdema of the lungs and brain. Its immediate exciting cause can often be traced to prolonged exposure of the skin to a damp cold atmosphere, to exposure to cold when overheated or in a state of intoxication, to the exanthematous diseases, and to renal irritants, as alcohol, etc. Its duration is generally limited to a few months, and its tendency is to recovery if properly treated. Persons suffering from it should use flannel underclothing, and their skins should be carefully protected from draughts of cold air. Warm baths should be used according to the strength of the patient, but profuse diaphoresis should be avoided. The aim should be not to divert the water from the kidneys, where it is imperatively needed, but only to keep up a gentle, constant, free action of the skin. The bowels should be kept normally open by homœopathic medicines or by enemata if necessary. The diet should be spare, and much nitrogenous food is contraindicated. Water should be drunk freely, because it relieves congestion of the kidneys by flushing the tubes, washing out the casts, and promoting the elimination of urea. These means will often effect a cure without medication. The tendency of the disease towards recovery should make physicians cautious in their clinical deductions, and reliance is to be placed rather upon the similarity existing between the results of drugs and the morbid manifestations. Dr. Dilow discussed the following remedies as showing an effect more or less analogous to chronic parenchymatous nephritis: Apis, Arsenic, Cantharides, Mercurius corrosivus, Phosphorus, and Terebinthina.

The minutes of the meeting were read for correction.  
Adjourned.

F. H. BOYNTON, M.D.,  
Secretary.

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#### HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA—ANNUAL MEETING.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE annual meeting of the society was held in the Hahnemann Medical College, on Thursday evening, April 14th, 1881. In the absence of both President and Vice-President, by reason of illness, Dr. H. Noah Martin was called on to preside.

The Censors reported favorably on the applications for membership by Drs. J. A. Wrisley, C. H. Baker, J. Macdon-

ald, A. R. Shaw, C. N. Shellenberger, and J. G. Smedley, and these gentlemen were duly elected.

The Committee on Organization, Medical Education, Statistics, and Legislation made the following annual report :

On *organization* your committee is pleased to report progress. The unrevised list of physicians in the county claiming to practice homœopathy contains over two hundred and eighty names. Our membership at present consists of one hundred and ten regular members, and one honorary member ; a total of one hundred and eleven. During the year four members were dropped for non-payment of dues, or removal from the county ; and by death we suffered a loss of one—our venerable honorary member, Dr. Constantine Hering. Contrasted with our last yearly report, which showed a membership of eighty-six, we find a net gain of twenty-five.

On *medical education* we can also report progress. The efforts made by our colleges to improve the standard is very gratifying, and especially is it a pleasure to note that the Faculty of the Hahnemann Medical College of this city is continually endeavoring to give her students as good and *practical* courses of instruction as is possible. Strong efforts are being made to build a new college, and when this has been consummated the increased accommodations will enable the faculty to make the Three Years' Graded Course obligatory.

The increasing number of journals also speaks well for our progress as a school, many published papers giving evidence of scholarship.

Our bureau system continues to work well, and the papers presented are of a much better quality than the ordinary society papers used to be, showing that work in some special direction, for at least a few months, avails something. But we can yet improve, and to that end your committee strongly urges the members to begin bureau work immediately after appointment. The chairman of any bureau, as soon as appointed, should select his four associates, report their names to the secretary, and lay out a plan of work to be pursued during the *whole year*, so that when his report is finally made it will teem with wholesome matter, creditable to the society and our profession.

Of *statistics*—dry reading, at best,—we will say nothing.

As to *legislation*, we can only refer, with hearty approval, to the efforts made in our State legislature to create a State Board of Health, and to protect honorable practitioners of medicine by legislation, such as is proposed in Bill No. 40, "to provide for the registration of all practitioners of medicine and surgery."

Of the application for an appropriation for our general hospital, we can only report that a bill has passed first reading, the sum recommended being \$100,000.

In all things pertaining to our special work as a committee we have done all that was possible, and we believe we have succeeded in establishing an *esprit de corps* among the members of the homœopathic profession such as has not heretofore existed ; but there is still room for improvement, and to that end let us all work. On the *Homœopathic Register and Directory*, now going through the press, we have labored assiduously, and we believe the book will prove a useful compilation. It will contain a succinct history of our County Society ; its Constitution and By-laws ; the Code of Medical Ethics ; the Laws of our State and City Regulating the Practice of Medicine ; and, besides other important information, the Fee-Bill, to increase the usefulness of which we recommend that the society appoint Drs. J. E. James and C. M. Thomas to revise the fees for surgical operations ; Drs. C. M. Thomas and W. H. Bigler to revise the fees for ophthalmic and aural surgery ; and Drs. J. N. Mitchell and R. C. Allen to revise the fees for obstetric



and gynecological operations. As to the Directory to be appended to the book, your committee decided to recommend that only the names of regularly graduated physicians practicing homœopathy in the county of Philadelphia be admitted, the members of the society being printed in bold type. It has also been thought advisable to exclude the names of graduates who resort to irregular advertising.

We here call attention to the next meeting in June of the American Institute of Homœopathy, as well as to the Convention to assemble in London on July 11th, 1881, and urge all who can do so to attend one or both meetings. At the American Institute meeting, the first after the death of Dr. Constantine Hering, one of its founders and the first President, suitable memorial action will doubtless be taken. We would recommend, therefore, that our Secretary be authorized to suggest to the Executive Committee of the Institute that a *special hour* be appointed for such action, and that this be announced in the printed programme, so that friends desiring to enlogize the departed may come well prepared to do justice to the "honored dead."

Respectfully submitted by

J. K. LEE, *Chairman*,  
R. J. McCLATCHEY,  
PEMBERTON DUDLEY,  
J. C. GUERNSEY,  
C. MOHR, *Secretary*.

This report was accepted and the recommendations all adopted, save the one referring to the exclusion of certain names from the Directory to be published.

After some discussion it was finally moved and carried that the committee include the names of all *reputable* practitioners, without diplomas, who have been in active practice of medicine for ten consecutive years.

Dr. A. H. Ashton, *Treasurer*, then submitted his annual report, showing: receipts, \$135.19; expenses, \$79.08; balance, \$56.11. Audited and accepted.

At 9 P.M. the annual election for officers resulted in the choice of the following:

W. B. Trites, M.D., *President*; H. N. Martin, M.D., *Vice-President*; A. H. Ashton, M.D., *Treasurer*; Charles Mohr, M.D., *Secretary*.

*Censors*: J. N. Mitchell, M.D., *Chairman*; H. J. Sartain, M.D., George W. Gardiner, M.D.

The following physicians applied for membership: Drs. W. A. D. Pierce, T. F. Conover, H. T. Wilcox, and Lora C. Jackson. Referred, under the rules, to the censors.

Dr. C. Neidhard then read a paper on "Homœopathic Posing," which was discussed. Adjourned.

At the May meeting the Bureau of Sanitary Science, Climatology, and Hygiene, Bushrod W. James, M.D., *Chairman*, will report, after the newly elected President, W. B. Trites, M.D., has made his inaugural address.

## THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE thirty-fourth session of this great national medical organization will be held at Brighton Beach, near the city of New York, June 14th to 18th, inclusive.

Of the attractions of this now popular seaside resort it would be superfluous to speak. It is only necessary to say that by the efforts of President Dowling and Treasurer Kellogg, arrangements have been made with James Breslin, Esquire, proprietor of Hotel Brighton, to entertain the members of the Institute and their friends, who may attend the meeting, in princely style and at reduced rates. The hotel is said to be one of the grandest in the world. To the pleasure-seeker and sight-seer alone, the beauties of Brighton Beach will well repay the tourist a trip across the continent, not to mention the attractions of New York city, its parks, Egyptian obelisk, Hell-gate channel, elevated railroads, Brooklyn bridge, etc.

From present indications the approaching meeting will be one of the largest and most important ever held by the Institute. We are promised full and carefully prepared papers and reports from the various bureaus and committees, while the new feature of holding sectional meetings will afford opportunity for a full discussion of the subjects presented. These discussions will be reported, *verbatim*, by expert shorthand writers and will appear in full in the *Transactions* as an appendix to the papers of each bureau, thus adding largely to the practical value of the work.

Since the last meeting of the Institute (June, 1880), the Committee of Publication has printed (including two volumes of 1876) over *three thousand five hundred octavo pages*, or *four volumes averaging about eight hundred and seventy-five pages each*; the matter methodically arranged, neatly printed, carefully indexed, *three volumes substantially bound in cloth*, and delivered to members, *not in arrears to the treasurer*, without individual expense.

The Institute has a record of which not only its members but the whole profession may well be proud. The membership is composed of many of the most influential and progressive physicians of our school, while its papers and discussions compare favorably with those of any other medical society in the world.

It must be apparent to any one conversant with the history of homœopathy in this country, that the concentration of medical thought and the scientific investigation of therapeutic

agents, as expressed by the Institute, are such as to exercise an influence that it would be impossible to exert without associated action.

In conclusion we most earnestly appeal to every eligible homœopathic physician in the United States to join in earnest practical work in the interests of medical science, by becoming a member of the Institute at its approaching session. While it is desirable, it is not obligatory upon you to attend the meetings; and should either circumstances or choice prevent you from mingling with our deliberations in person, you may still become a member of the Institute, and in return receive the *Transactions*, which will yield you *twofold* the value of your pecuniary investment.

J. C. BURGHER,

PITTSBURG, PA., April, 1881.

General Secretary.

#### THE INTERNATIONALS NOT DISUNIONISTS.

EDITORS HAHNEMANNIAN: In the "Introductory" to the January number of the *American Observer* and in the response of its editor to certain inquiries of Dr. J. P. Dake, respecting the "Internationals" and their "association," are certain statements that are calculated, if not intended, to mislead and misrepresent as to the purposes contemplated by that organization and of those who were party to it. Had the editor of the *Observer* taken the trouble, which he might easily have done, to inform himself of the history and of the proceedings that constituted the organization of the "International Hahnemannian Association," he would have been deprived of the opportunity that a failure to do this has afforded him of aspersing both it and its members.

That he did not do this simple act of justice is sufficiently apparent from the tenor of his unqualified and unwarranted statements, and that a gross injustice has been done to the gentlemen who inaugurated this association and to the "association" itself can be very easily shown. Thus *the profession* has been totally, if not designedly, misled as to its plans and purposes. "Fourthly" of the indictment contained in this "Introductory" states *unqualifiedly* that "the 'Internationals' have declared that they will not hold fellowship with a large majority of the members of the American Institute of Homœopathy, and seem determined upon creating a division in our ranks." To this statement I most unhesitatingly and as unqualifiedly give the flattest of flat denials,



and this, *ex cathedra*, as I can truly say of the organization, its plans and objects, "*quorum pars magna fui*," and I know whereof I affirm.

I am warranted in thus flatly denying these charges, and all similar ones, because in the organization of this association *the exactly opposite course* WAS "*determined upon*" to the one thus charged against it, and this not tacitly, nor inferentially, nor yet impliedly, but *expressly*. On that occasion it was distinctly avowed and "*determined upon*" that the fellowship of the newly formed association should be complete, that its membership with the American Institute of Homœopathy should remain intact, and that closer relations with its members should be promoted through those interests and pursuits that unite them into a common brotherhood. In no respect, nor to any degree whatever was animosity to the Institute or its members manifested either to "a large majority" of them, or to a small one, much less was "a division in our ranks" advocated or countenanced.

That the "Internationals" thoroughly understood themselves and comprehended what they were seeking to accomplish on that occasion cannot admit of a doubt in the minds of any who were cognizant of their proceedings, or who would take the trouble to inform themselves thereon. Hence, such reckless and unqualified charges as those I have thus briefly reviewed, remaining unsupported by evidence and unwarranted in fact, if not malicious, are at least unjustifiable and inexcusable.

I may perhaps be permitted on this occasion to state that the central object of this new society is to more clearly and sharply define what has been aptly termed "the strictly inductive method of Hahnemann" than could be done in the larger and more heterogeneous body that comprises the American Institute of Homœopathy, and to advocate and promote the more faithful observance of it in practice. I cannot believe that the promotion of these purposes will meet the condemnation or opprobrium of intelligent and honest members of the profession, nor that they merit the reproaches and misrepresentations even of uninformed or prejudiced journalists.

T. F. POMEROY.

JERSEY CITY, March, 1881.

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## DR. FARRINGTON'S EDITORIAL NOTICE OF DR. POTTER'S BOOK.

BY J. P. DAKE, M.D.

KNOWING that it is the wish of Dr. Farrington, as a writer, to arrive at the truth on all subjects, and also the purpose of the HAHNEMANNIAN MONTHLY to deal fairly with all workers in the field of authorship, I venture to suggest that the review of Dr. Potter's book, in the April issue of this journal, was written without a just comprehension of the purpose and methods of the author's undertaking.

Inasmuch as Dr. Potter is a young member of the profession, coming forward with his first book-offering, and inasmuch as the preliminary plans of his work were submitted to me for examination and the expression of an opinion as to their appropriateness and value, I consider it entirely proper for me to notice the unfavorable and, as it seems to me, unjust opinions expressed by my friend Dr. Farrington.

Dr. Potter, in his studies of medicine, had discovered a tendency to agreement, as to the therapeutic uses of a large number of drugs, among prominent writers of the old school on the one side and of the new school on the other.

He conceived the idea of a repertory, showing such points of agreement, and went forward extracting from the recognized authorities of the two schools till he produced a volume of two hundred and eighty pages.

Careful not to assume too much, he called his work *An Index of Comparative Therapeutics*, not a complete old school, nor a complete new school, nor yet a *complete* comparative therapeutics; only an *index*.

Surely there was nothing wrong in the idea, nor doubtful in the object of Dr. Potter. No such comparison had ever been carried out, giving the fruits of such concurrent testimony regarding the therapeutic uses of drugs, to the medical world in book form. The first sentence of his preface says: "The object aimed at in this book is to present the therapeutics of the two great medical schools in the manner best adapted to comparative study and quick reference."

In view of this language, and the work which follows, I cannot see how Dr. Farrington could say, "We are not informed what is the object of Dr. Potter in issuing this book?"

The objection to the *Index* is made that, in many cases, the old-school mention of certain drugs is borrowed from new-school writers without due credit; and, again, that some of the parallelisms are "coincidences," and not "genuine comparisons."

This objection has no weight, since it was no part of Dr.

Potter's purpose to show *how* each school came by its knowledge. If the new school had gathered from ancient fields, or the old from "pastures new," it was no concern of his. He was quoting from standard authors on both sides, and showing an agreement on homœopathic ground.

But Dr. Farrington says of Dr. Potter's homœopathic authors: "He ignores chiefly that which best agrees with allopathy. He ignores the contributions of Hahnemann, Hering, Dunham, P. P. Wells, Guernsey, Lippe, and many others, who have strictly applied the rules of the *Organon*."

Most certainly; Dr. Potter was looking for the points of *agreement*, more than of difference, in the therapeutics of the two schools. He was striving to show the concurrence more than the contradiction of sentiments. What was there wrong in this? It may be hard for those who forever dwell upon the differences between the schools, who take pleasure in widening every breach and intensifying every sectarian hatred, to look with any degree of pleasure upon points of well-demonstrated agreement; but not so the honest, earnest workers upon the great field of medical practice.

He is no less a homœopath who looks upon the remedies pointed out by his law, and by experiments upon the healthy, with *increased confidence*, when assured that they have been successfully employed homœopathically by his brethren of the old school.

Surely Dr. Farrington could not have read the list of homœopathic authors given as references, nor looked well into the body of the work of Dr. Potter, when he accused him of quoting on our side such writers as are not fully recognized and reliable.

The indications for remedies, represented as coming from our books, are such as nearly every writer upon homœopathic materia medica and therapeutics has set forth at one time or another. If Hahnemann, and Hering, and Dunham, and others, who have written much upon drug indications, are not formally mentioned on every page, it is not because they would contradict what is stated as to the therapeutic uses of the drugs named. Dr. Potter made use of the works of Hughes, and Hale, and Ruddock, and Lilienthal, and Hempel, and others, because they were more systematically and conveniently arranged for his purpose. To assume that because he mentions *these* and not those other writers, lamented by Dr. Farrington, he has not rightly represented homœopathic sentiment, is to assume what is not susceptible of proof.

In regard to the origin of the homœopathic school, how it



came to be so separate from the allopathic school, Dr. Potter has a most undoubted right to express his opinion.

Facts certainly sustain his view, that it was "chiefly due to the persecution of Hahnemann."

I cannot view the great concern of Dr. Farrington at the appearance of this little book of Dr. Potter's with any but feelings of surprise and pity.

I am surprised that a work, showing how far our old-school friends have advanced upon our ground, accepting the homœopathic uses of a large number of drugs, should thus alarm one who has been for years striving to spread a knowledge of our drug therapeutics abroad.

And I really pity my friend and old associate in the Philadelphia faculty for having taken the appearance of this unpretentious and useful little book as an occasion for unwarranted reflections upon nine-tenths of his professional brethren in the homœopathic world. If he prefers to take the *Organon*, especially as interpreted by the "International Association," in place of "liberty of opinion" and *all the lights* of medical learning as his guides, I pity him for his choice.

When Dr. Farrington carefully looks over the work of Dr. Potter again, and remembers what the old school is to-day,—how it is adopting one homœopathic remedy after another, and dropping its "compounded medicines" and its massive doses,—he will not be so much disposed to condemn the *Index of Comparative Therapeutics*.

At all events the practitioners of medicine, in both schools, will be interested in the comparisons made by Dr. Potter, and especially in the points of agreement as to the therapeutic uses of the same drugs, so well shown in his book.

#### REPLY.

BY E. A. FARRINGTON, M.D.

Dr. Potter's *Index* presents in two columns the therapeutics of allopathy and homœopathy. When remedies concur in any given disease they are printed in *black type*; when they do not, in italics. The former embrace about one-third of the book.

If we examine this one-third, we find it presenting the following peculiarities: Medicines used alike by both schools, as Aconite, in simple fever. Compounds, the chief ingredient agreeing with a homœopathic drug, as *Ferri et ammoniæ citras*, gr. ij, or *Ferri et strychniæ citras*, gr. j; *Ferrum*, anæmia, delay of first menses. Mere coincidences; as, silver nitrate, lightly to os uteri at time of expected discharge (in amenorrhœa); *Arg. nit.*, watery discharge. No similarity whatever, yet black

type preserved; as, constipation, *Magnesia*, useful aperient; *Mag. mur.*, knotty hard stools.

Now these comparative therapeutics are excerpted mainly from Piffard, Ringer, and Phillips, on the one side, and Hale, Hughes, and Ruddock on the other; and why? My critic says, because Dr. Potter was hunting for points of agreement, rather than of difference. Quite likely; and so thoroughly has he hunted them that he does but poor justice to the wealth of good stuff which Hughes deals out in such elegant style, and with which Hale's works also teem. Were homœopathic and allopathic therapeutics properly placed side by side the contrasts would immeasurably overbalance the apparent similarities. But Dr. Potter chose to slight Hahnemann, Hering, and Dunham, for their contributions are so homœopathic that they would not serve his purpose. My critic differs with me here, and says these last named would not "contradict what is stated as to the therapeutic uses of the drugs named."

Let the reader peruse these lines, taken from page 66 of the *Index*, article Diphtheria, and then decide if Hahnemann would recognize therein his precious boon of homœopathy? "*BELL.*, *Phyto.*, mild, simple cases, catarrhal angina the only mischief. *MERC. CYAN.*, 3 $\times$ , 6, has had great success. *MERC. BINOD.*, the remedy of most intense action, with gargle or spray of *Liq. calcis chlor.*, 5j to 5iv aquæ; the best treatment known. *BROM.*, laryngeal form, alternated with *Kali permang.*, also by inhalation. *SANG.* produces best results locally," etc.

But what is Dr. Potter's purpose? My critic says that I may read it in the preface of the *Index*. This I did read before writing my review, and yet I felt justified in composing the words which so astonish Dr. Dake: "We are not informed what is the object of Dr. Potter," etc. The ostensible object is indeed as asserted by my critic; but under all this is an ulterior purpose, which comes to light in a critical examination of the book. This I made, though Dr. Dake seems to think my investigations quite superficial. I mean the minifying of Hahnemannism, and the exaggeration of similitudes between the schools, which may point to the distant unification of the two! On page 81 he calls high potencies "the *bête noir* of the system." Here he makes no distinctions between the unscientifically prepared attenuations and those which are made à la Hahnemann (as Tafel's). On page 144 he calls our school a "sect," made so by the persecutions of Hahnemann! From this same ostracism arose "the extreme and dogmatic tenets concerning the nature of disease and the limit of attenua-

tion of medicines." His disciples, a few, at least, "followed his steps into the mystic realms of absurd speculation," etc. Here's the rub. Only drop the extremes of Hahnemannism, throw disrepute on them, and accept the crudities which Dr. Potter *calls* homœopathy and how near akin are the two great schools of medicine! I agree with my critic, that Dr. Potter "has a most undoubted right to express his opinion," but I am amazed that Dr. Dake can say that "facts sustain his view." Dr. Dake forgets himself when he arraigns me on the side of *dis*-honest workers. I cannot believe he meant to.

He will excuse me if I gently remind him that his pity is unnecessary and uncalled for. One does not need pity who adheres to what has been personally investigated and demonstrated to be true.

Nor, further, do I number myself with those who delight in intensifying hatred between the schools. I welcome with delight each apparent progression towards true therapeutics. But I fail yet to see any real similarities between the two systems. If unification, or even peace, is to be purchased, it must come from a surrender of allopathic institutes, not from the belittling of ours.

The trend of allopathy is towards a broad platform of eclecticism, which recognizes no one law, but depends upon EXPERIENCE.

This wide platform is covered over with a texture of homœopathy, allopathy, hygieotherapy, electropathy, drug-antagonism, and hydropathy. Here, indeed, may we find a few golden threads from our royal cloth, but so interwoven with baser woof as to be scarcely discernible in the resulting shoddy.

Homœopathic cloth, though not yet perfect in contexture, is woven systematically, durably, and handsomely. Disgusted with the shabby and untrustworthy work of his day, Hahnemann constructed a new loom. The several parts of this masterpiece required untiring labor and consummate skill in their production. They were not the consequences of his seclusion and ostracism. They were the fruits of his genius—a genius which rejected the incompetent apparatus of his day, even before he yet knew of a substitute. If rude hands mar this work the resulting cloth will show the tampering. Still "liberty of opinion" is the watchword, and he is to be "pitied" who clings to the old machine, THE ORGANON, even, I suppose, though not one of its appurtenances has been proved ineffective, and nothing new offered to equal it, much less supersede it.



THE  
H A H N E M A N N I A N  
MONTHLY.

A HOMŒOPATHIC JOURNAL OF  
MEDICINE AND SURGERY.

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*Editors,*

E. A. FARRINGTON, M.D.      PEMBERTON DUDLEY, M.D.

*Business Manager,*

BUSHROD W. JAMES, M.D.


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No. 5.

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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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**Editorial.**

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BEACONSFIELD AND HIS DOCTORS.—It is a disgraceful thing to laugh over the couch of a dying man, and on no account can such an act be excused save when the guilty person loses all power of self-control. Yet when Beaconsfield died the whole world laughed—laughed till its sides ached and the tears streamed down its cheeks—laughed because it couldn't, *couldn't* help it. And so the services of a distinguished public man were, for the time, forgotten, while men shook themselves with mirth over the buffooneries of his physicians.

Now, however, the first effects having passed off, a reaction has set in, and all men of sense—and there are a good many such—are thoroughly angry and disgusted; angry because of the palpable dishonesty which could prompt the attending physician to sink his own better, or worse, judgment out of sight for the sake of retaining a distinguished patient, and the consulting physician to swallow his hatred of a rival sect in order to obtain one; and disgusted in view of the possibility, yea, rather the probability, that they, too, in their hour of sorest need may find themselves the footballs of a brace of

ethical fools, who have, by education, been rendered totally unfit to be trusted with the mighty interests at stake.

So far as we can learn, there was not a single redeeming feature about this whole disgusting business. It is true, however, that the conduct of the eclectic attendant involved no medical man but himself, while that of the allopathic consultant reflected *his* disgrace back upon the whole allopathic sect whence it originated. It is comforting to know that the fair fame of homeopathy was not compromised, and that no homeopathist was disgraced by the unseemly exhibition. Still it is mortifying to have the good name of the medical profession thus smirched by the indecencies of men, who, whatever their profession of loyalty to school or sect, care no more for the honor of medical science, or the sanctity of medical practice, than does the veriest nostrum-peddler against whom they level their heaviest anathemas.

The subject is not pleasant to dwell upon,—the disgrace of a noble profession by two of its own members,—and we gladly leave it, with this one thought of congratulation: that had there been no Beaconsfield, perhaps it might have been long ere the world would have had another such a golden opportunity to learn what superlative asses the medical profession is capable of producing.

THE JÆGER EXPERIMENTS.—Through the kindness and courtesy of our colleague, Dr. W. H. Bigler, we are enabled to present our readers this month with a concise, yet clear and explicit account of the instrument and methods employed by Professor Jæger, in his experiments in "neural analysis," and some of the results obtained. Doubtless, it will be read with interest, and every physician will mentally add his own criticism at the close. These criticisms will take shape, we fear, very much, according to the previous opinions of the several critics. Admitting, as Professor Jæger says, that exceedingly delicate influences are sufficient to affect perceptibly the neural analytic process, it will be a cause of surprise that, before the issue of his book, some very decided steps were not taken to eliminate *some*, at least, of the extraneous influences, some of the elements of error, which he knew to be present. He seems to have failed to appreciate the fact that he was experimenting for the benefit of skeptics,—skeptics in his own school not only, but in ours as well. The element of "expectancy" could easily have been eliminated from many of the experiments, and doubtless a system of crucial observations could easily be devised, such as

would render the results obtained more or less trustworthy. As it is, our colleagues who refuse to accept the ordinary "provings" made with high dilutions, will, for the same reasons, reject the results of these later experiments. If the American Institute should order a thorough investigation into the whole matter, we might perhaps soon be able to assign this new method of analysis to its proper place, and to decide positively as to the effects of dilutions of drugs upon the functions of the nervous system.

THE NEW YORK MEDICAL TIMES.—This is to be the name henceforth of our able contemporary, formerly known as the *Homœopathic Times*. Commenting on the change of title, its editors say: "While it has been the aim of this journal in the past, and will continue to be in the future, to give that prominence to the law of *similars* which its importance demands, it seeks to occupy a place in the ranks of journalism in which it is free to discuss the great questions pertaining to every department of medicine with candor and courtesy. There will be no change in the policy of the journal; as a matter of honesty and good taste we prefer a name which will enable us to look to the vastness of the whole of medical science, rather than to a single law, however important."

Our contemporary needs no word of commendation from us. The profession has already learned to regard it as one of the very best medical journals extant. We wish for it an ever-increasing success and an ever-widening field of influence.

THE HERING PORTRAIT.—In our notice of the commencement exercises of Hahnemann College, we committed a serious blunder in quoting Dr. P. O. B. Gause as saying that the picture of Dr. Hering was the gift of the graduating class, whereas it was stated by that gentleman that *the entire class* in attendance during the session was represented in the presentation. We regret our mistake in this matter not a little, because the thoughtful consideration which prompted so appropriate a memorial is, in the highest degree, creditable to all concerned.

And while we are upon this subject, we have something to say that will interest all our readers, namely, that Miss Emily Sartain, one of Philadelphia's most distinguished artists, is preparing a handsome steel engraving of the portrait, the plate being sixteen by twelve inches. It is expected that the work will be completed in time for the meeting of the American Institute in June next, at which time copies will be on sale, and the friends and admirers of the late Dr. Hering will have



an opportunity of securing a lifelike portrait of that distinguished physician, and no homœopathic physician's office will seem quite complete without it.

THE INDUSTRIAL PUBLICATION COMPANY.—It will be remembered that in our March number we called attention to the fact that the above-named company had failed to fill a cash order, and had also failed to respond to communications respecting the same. We are glad to be able to say that the whole matter has been explained to the full and entire satisfaction of the gentleman who gave the order, and that no blame whatever attaches to the company.

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## Notes and Comments.

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AN EARLY SYMPTOM of alcoholism, resulting from small doses of the drug, is an intense distaste for the commonly accepted definition of "Temperance."

A POINT WELL TAKEN.—The *Homœopathic World* thinks it a little out of order for Dr. Kidd to dedicate his book on *The Laws of Therapeutics* "to the Advancement and Diffusion of Truth," and then to print on the reverse of the title-page, "the rights of translation and of reproduction are reserved."

TEMPERANCE.—Dr. Miner, of Boston, replying to Chancellor Crosby's "Calm (?) View of the Temperance Question," says that "temperance consists in the moderate use of all good things and total abstinence from all bad things."—*Exc.* From a physiological standpoint this statement is exactly true, whatever the philologists may say. There is no such thing as a temperate, i. e., moderate, use of *any* poisonous drug as a beverage. The proposition involves a contradiction in terms, and scarcely needs an argument to show its utter absurdity.

HOMŒOPATHY, so-called, is an unutterable humbug, and is to be consigned to the eternal Limbos of the Unblessed, where, indeed, it is already for the most part gone.—*N. Y. Med. Record.* If our readers wish to know where the aforesaid "Limbos of the Unblessed" are located, they have but to remember that homœopathy "is already for the most part gone" into allopathic practice and allopathic textbooks. If it be "an unutterable humbug," its presence in the above-mentioned Limbos is sufficiently explained. As Dundreary would say, "Who would suppose that a b-b-bird of a f-feather would go off into a c-c-corner and f-f-f-flock all by himself?"

POTENTIZED FOLLY.—Allopathic trades-unionism has come to be a subject of almost world-wide scorn, and the vast majority of enlightened people, outside the allopathic profession, hold it in unutterable contempt. Yet our contemporaries of that school allude to the disgraceful events of Disraeli's last illness with a self-complacency which betokens an almost sublime indifference to the universal avalanche of ridicule. How true, in this connection, seem the words of Solomon, "Though thou shouldst bray a fool in a mortar with a pestle, yet will not his foolishness depart from him." The triturating process seems rather to "awaken and develop" new possibilities

of asinine folly, and the doctrine of dynamization, as held by some homeopaths, appears thus to have its origin in Scripture, and its most remarkable confirmation in the phenomena of allopathy.

UNIVERSITY REFORM.—England's youngest university, the Victoria, has placed itself in the van of educational progress by inviting students to come and take its degrees without requiring them to know Latin and Greek. The regulations of this university ought to be carefully studied by college trustees, presidents, and professors in this country. In spirit and detail they show a clear recognition of the important fact that all boys are not alike. Their authors have dared to break away from the cast-iron mediæval traditions whose influence is visible in the curriculum of almost every college in America.—*N. Y. Times*.

Perhaps England can afford to be somewhat easy on this subject, but here in America, language is growing so rapidly, and withal so grotesquely, that the greater the number of people we can induce to cultivate the ancient classics, the better will it be for the future of American scholarship. There can be little doubt that in many of our colleges the time given to the study of Latin and Greek is out of all proportion to that devoted to other more directly practical branches, yet we hope the time will not soon come when a university education will be considered complete which does not include these languages. Just now the more progressive of the medical teachers in this country are earnestly urging these studies as a preliminary to entering the medical profession, and the action of Victoria University will doubtless cause some apprehension among American physicians, lest it should exert an unwholesome influence upon the progress of American medical education.

## New Publications.

SPECTACLES AND HOW TO CHOOSE THEM. By C. H. Vilas, M.D. Published by Duncan Brothers, Chicago. 1881.

The aim of this little work is to make clear, by an agreeable compound of medical and common terms, the uses and modes of fitting spectacles.

The subject is fully illustrated, while test-types are added to aid in furthering the object of the book. It will prove especially useful to the general practitioner who cannot spare time to investigate larger works. F.

DISEASES OF THE JOINTS. By Richard Barwell. 2d edition.

ALBUMINURIA. By W. Howslings Dickinson, M.D. 2d edition.

MATERIA MEDICA AND THERAPEUTICS OF THE SKIN. By Henry G. Piffard, M.D.

These volumes are the first three issues of Wood's Library for 1881.

Judging from the steady improvement in style and substance, Wood's Library is destined to actually *force* itself upon the medical profession. The contrast between the slender volumes of 1879 and those before us is remarkable, and the time is not far distant, if it has not already arrived, when these books must grace every library of even the least pretensions.

We have not space to review thoroughly the contents of these volumes,

but can assure the reader that they are brimful of information. Diseases of the joints are so common nowadays that every practitioner must understand them. Dr. Barwell's presentation of the subject is readable and practical.

Albuminuria, as a symptom of numerous renal diseases, is exhaustively treated by Dr. Dickinson, and its study greatly aided by colored plates.

Dr. Piffard is well known as a dermatologist. His terse account of skin diseases is the best in print. His therapeutics contains numerous "gleanings" from homœopathy, although, as a system, it is fully allopathic. He is one of the few old-school writers who has had the candor to acknowledge the homœopathic source of some of his therapeutics. F.

**HERNIA, STRANGULATED AND REDUCIBLE.** With cure by subcutaneous injections, together with suggested and improved methods for kelotomy. Also an appendix giving a short account of various new surgical instruments. By Joseph H. Warren, M.D., member of American Medical Association, formerly Surgeon and Medical Director, U. S. A., etc. With illustrations. Boston: Charles N. Thomas, 215 Tremont Street. 1881. Octavo, pp. 280.

In this compact volume we have an excellent monograph on the subject of hernia, including a large amount of information of a purely practical character. The various forms of hernia are defined and the methods of treatment carefully laid down. The author also gives minute details of his improved method of subcutaneous treatment for the "radical" cure of these accidents, with illustrative cases, and cuts and description of the necessary instruments. The work ought to command an extensive sale. D.

**DISEASES OF THE THROAT AND NOSE.** By F. Huntington Bosworth, A.M., M.D. William Wood & Co., New York, 1881.

The work before us contains the results of its author's treatment of over eight thousand cases. It treats of catarrhs, acute and chronic, follicular, croupous, and diphtheritic. One chapter is devoted to laryngeal phthisis, another to syphilis, and a third to stenosis of the larynx. Neuroses of the larynx claim forty pages, tumors seventeen, and laryngotomy and kindred operations twenty. There are one hundred and seventy-five illustrations.

While we object to the medical treatment employed, we commend the rest of the book as the production of experience, and not merely a compilation. F.

**ECCE MEDICUS, OR HAHNEMANN AS A MAN AND AS A PHYSICIAN.** By J. Compton Burnett, M.D., London, 1881.

Dr. Burnett gives us here a very readable book. He tells his story in an entertaining way, giving just prominence to his hero, Hahnemann.

We suggest to our readers that in this little book they will find an excellent antidote to the baneful effects of Dr. Smythe's *Medical Heresies*. Recommend it to all who are suffering from the poisonous reading of the latter. F.



**INFLAMMATION CHIEFLY OF THE MIDDLE EAR AND OTHER DISEASES OF THE EAR.** Being a course of Lectures delivered to the students attending the class of the London School of Homœopathy during the winter session of 1877-78. Second edition, with additional cases. By Robert T. Cooper, A.B., M.D., Trinity College, Dublin; Physician, Diseases of the Ear, London Homœopathic Hospital. London: The Publishing Company. 1880. 12mo., pp. 202.

A handy and practical book, presenting the causes, pathology, diagnosis, and treatment of diseases of the ear in a very readable form. The homœopathic treatment is carefully laid down, the author holding the view that "we must look to homœopathy, if we wish to obtain anything like success in the treatment of the affections that give rise to chronic deafness and other ear symptoms." It seems to us to be admirably adapted to the needs of the general practitioner, besides containing much of value to the specialist.

D.

**TREATISE ON THERAPEUTICS.** Translated by D. F. Lincoln, M.D., from the French of A. Trousseau, Professor of Therapeutics in the Faculty of Medicine of Paris; Physician to the Hôtel Dieu; Member of the Academy of Medicine, etc.; and H. Pidoux, Member of the Academy of Medicine; Honorary Physician to the Hospitals, etc. Ninth Edition. Revised and enlarged, with the assistance of Constantine Paul, Professeur Agrégé in the Faculty of Medicine of Paris, etc. Vol. III. New York: William Wood & Co., 27 Great Jones Street. 1880. Pp. 379.

In our July and December numbers, 1880, we took occasion to commend the first two volumes of this work, which William Wood & Co. have so neatly issued. The third volume is fully up to the preceding, and contains six additional chapters, treating of anæsthetics, antispasmodics, neurosthenic tonics, excitants, sedatives and contra-stimulants, and anthelmintics.

A complete index for the three volumes is given at the end of the work.

B. W. J.

**PREVENTION OF DEFECT, DEFORMITY, AND DISEASE.** By J. C. Burnett, M.D. Published by The Homœopathic Publishing Co., 2 Finsbury Circus, London, E. C., 1880.

This little brochure sets forth in an entertaining and convincing manner the value of preventive medicine. The writer adds his confirmations to that of others as to the efficacy of treating the pregnant woman in order to moderate or wholly prevent deformities and other diseases of the child. The subject is one which should interest us all, and make the perusal of Dr. Burnett's pamphlet exceedingly profitable.

F.

**THE DISEASES OF CHILDREN;** a Practical and Systematic Work for Practitioners and Students. By William Henry Day, M.D. 2d edition. Published by Presley Blakiston, Philadelphia. 1881. pp. 750.

Our energetic publisher has provided a substantial, well-printed volume, which sets forth the clinical experience of its author, rather than mere theories.

Much that it contains is already familiar to the profession, through similar works, as those of Tanner, Meigs, Pepper, etc. But a chapter on debility, as a precursor of organic lesions, contains much-needed advice.

And the chapters on heart diseases, tuberculosis, and spinal affections, are especially rich and practical.

As the work is "up to date," it contains the most recent investigations in pathology and therapeutics. F.

CONSTIPATION PLAINLY TREATED AND RELIEVED WITHOUT THE USE OF DRUGS. By J. F. Edwards, M.D. Published by Presley Blakiston, Philadelphia, 1881. Price, 75 cents.

Dr. Edwards's book is interesting, especially to the laity. It sets forth in plain terms the functions of the stomach and bowels, the necessity for daily fecal evacuations, and the treatment of constipation without drugs. Physicians will do well to first read it themselves, and then recommend their patients to read it also. Such books as these go far towards the abolishment of popular and patent nostrums, profitable to the seller but damaging to the purchaser. F.

MINOR SURGERY. By J. G. Gilchrist, M.D.

This work is intended as an aid to students, and as a compact and convenient resource to the busy practitioner who has but occasional need for surgical knowledge. The application of splints and bandages is well illustrated by means of white linear drawings on a black ground.

We commend the book as eminently useful.

F.

MATERIA MEDICA PURA. By Samuel Hahnemann. Translated from the latest German edition by R. E. Dudgeon, M.D., with annotations by Richard Hughes, L.R.C.P.E. Volume I. Hahnemann Publishing Society, Liverpool, 1880.

There are some works which recommend themselves to the reader, needing no criticism. Such a work is the volume before us. Well printed, thoroughly well edited, and the production of Hahnemann, what more is necessary? The translation has brought into two volumes (the second of which, we understand, has already gone to press) what Hahnemann left in six, and, moreover, the remedies are arranged in alphabetical order, and the essays, which were irregularly distributed throughout the original volumes, are now placed as prefaces to the two translated volumes.

Dr. Hughes, with his usual care and thoroughness, has undertaken the labor of examining the four thousand or more citations of Hahnemann, by comparing them with their original sources.

The work commends itself to the profession, even though its symptoms may be incorporated in books more commonly used. The scholar is never satisfied with conclusions unless he can follow their author's train of thought and can investigate the means employed. So the finished homœopathician will desire to inquire into the sources whence the *Materia Medica* is derived, and follow Hahnemann in his development of the principles of the science he discovered.

For such a purpose the *Materia Medica Pura*, now for the first time presented in a correct translation, is indispensable.

F.

REPERTORY TO THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA; arranged by Constantine Lippe, A.M., M.D. Published by Bedell & Bro. New York. 1880.

Although this repertory was issued a year ago, we have just received a copy for review. This will explain the apparent tardiness in its consideration. Dr. Lippe offers us in thirty-four sections, a repertorial arrangement of "the more characteristic symptoms of the *Materia Medica*." In selecting his material, he has based his work on the *Manual*, which was published at Allentown, in 1838, by Dr. C. Hering *et al.* To this he has added "selections from Boenninghausen's works, Lippe's *Materia Medica*, *Bell On Diarrhoea*, H. N. Guernsey, Hering, and Jahr." (See Preface.)

The repertory is a useful and well-executed compilation, to which the practitioner may profitably refer daily. We notice several typographical errors as well as some omissions. The former, in such a work, are all but unavoidable. The latter are due chiefly to the sources whence the material is collected. Our literature contains many new confirmations not contained in these sources, which we wish Dr. Lippe had added. But even with these omissions, the book has no competitor at present, since it is wholly different from the *Symptom Register* and the *Cypher Repertory*, and is incomparably superior to Snelling's or Hempel's.

While we acknowledge that typographical errors are excusable in the body of such a work as this, they are unpardonably numerous in the appended "List of Remedies," which ought to be easily proof-read. We have noticed at least twenty-one such misspelled words. F.

A MANUAL OF UTERINE DIAGNOSIS AND THE LESSER TECHNICALITIES OF GYNÆCOLOGICAL PRACTICE, for the Use of the Advanced Student and General Practitioner. By Paul F. Mundé, M.D., Professor of Gynecology in Dartmouth College; Obstetric Surgeon to the Maternity Hospital, New York; Physician for Diseases of Women to the Outdoor Department of Mt. Sinai Hospital, and late Assistant Surgeon to the New York Woman's Hospital, etc. With Three Hundred Illustrations. New York: William Wood & Co. 1880. Pp. 381.

This, the last volume of the "Library" series of 1880, is an original work, which is useful not only to the gynæcologist, but to the busy medical practitioner, and will be found a great help to him in his examinations and treatment of the every-day cases of female complaints, enabling him to depend largely upon his own resources in many of the minor operations of the uterine region. Every branch of the subject taken up is freely illustrated with woodcuts, showing the surgical apparatus required, and the position of parts needed in the different examinations and operations. All the minor technicalities and manipulations used in the diagnosis and treatment of diseases of females are herein contained and quite accurately given. It contains an introduction on "General Considerations Influencing the Diagnosis and Treatment of Gynæcological Cases." It is divided into two parts; the first treating of "Gynæcological Examinations," and the second of "Minor Gynæcological Manipulations and Applications." It certainly is one of the best volumes of Wood's Library of 1880. B. W. J.



## Cleanings.

**CANTHARIDIN** in rabbits has caused granular exudation, filling the tubuli uriniferi, and proliferation of cellules; hence a true catarrhal nephritis.

**PETROLEUM OINTMENTS.**—The melting-point of the various petroleum ointments is: of vaseline, about 85° F.; of cosmoline, about 94° F.; of petrolina, about 102° F.; of deodoroline, about 111° F.—*New Remedies.*

**ABUSE OF CHLORATE OF POTASH.**—This drug has well-known toxic effects, and the custom of the laity in gargling the throat in cases of tonsillitis and pharyngitis is a particularly pernicious one, and we should oppose its use in this, and also in the form of troches.

**POISONING BY ANILINE DYES** has been discovered in two cases in Connecticut: one from wearing blue wristlets, the other from wearing red-lined mittens. The eruptions were characteristic and severe, but involved only the hands and a portion of the arms.

**ATROPINE OINTMENT.**—Dr. Klein, of Vienna, recommends, in place of the ordinary solutions of Atropine, to use an ointment prepared as follows:

Sulph. atropine,	. . . . .	gm., 0.05, or gr., $\frac{3}{4}$
Vaseline,	. . . . .	gm., 10.00, or gr., 160

—*New Remedies.*

**DIABETIC NEURALGIA.**—Worms observes in the *Gaz. Med.*, No. 40, 1880, that there is a special type of neuralgia peculiar to diabetes, which is characterized by its localization in the two symmetrical branches of the same name. Such an affection of the sciatic and dental nerves has been observed. It is more painful than other neuralgias, does not yield to the ordinary (allopathic—Ed.) methods of treatment, and varies in intensity in accordance with the proportion of sugar in the urine.

**GALLSTONE COLIC** has been relieved by the administration of six to eight ounces of sweet olive oil after having emptied the stomach by an emetic or fasting (giving preference to the latter method); and then at the expiration of twenty to thirty minutes placing the patient on the left side with the hips higher than the shoulders. It is explained that the alleviation of the suffering is due to the oil finding its way into the gall-bladder through the ductus communis choledochus and coating the calculi.—*The Medical Brief.*

**SOAP IN THE SICK-ROOM.**—Cleanliness is often only apparent. Let a person with seemingly clean hands wash them in cold water without soap, then in cold water with soap, and finally in warm water with soap. The hands will have a very different appearance and feel, and the water will also have changed. The first will be scarcely colored, the second more so, and the third decidedly by the amount of dirt removed, provided, that the soap is clean, and not made of kitchen dirt-fat. As in most diseases the excretory function of the skin is augmented, and is always active in children, the refreshing effect of cleansing the skin in the sick-room and nursery is at all times marked.—*The Sanitarian.*

**FOREIGN BODIES IN THE NOSE.**—Dr. Jorissenne advises that, especially in treating children, no attempts should be made to effect the expulsion of foreign bodies from the nose by forcible expiration, as the child invariably begins by making a deep inspiration, and in that way might carry the object farther down into the air-passages. The use of forceps should, also, as a rule, be avoided. No method is equal to Weber's plan for irrigating the nares. A weak solution of salt is thrown up the clear nostril, either by a

syringe or through a simple siphon tube, the patient's head being held slightly bent forward. Reflex contraction of the pharynx causes the fluid to return by the other nostril, by which means the foreign body is soon expelled.—*Bull. Gen. de Thérap.*

**IMPROVED CAT-GUT LIGATURE.**—Ordinary carbolized gut softens and yields in about forty-eight hours, and in certain cases it may be desirable or necessary to use a ligature which will maintain its constricting force for a longer period.

To meet this necessity, Dr. William MacEwen, in a recent lecture at Glasgow, described a method by which he had succeeded in rendering the gut more durable. These improved ligatures are prepared by making a watery solution of chromic acid, one to five; adding one part of this solution to twenty of glycerin, forming a dark greenish compound in which the hanks of cat-gut are immersed for seven or eight months, the bottle being occasionally shaken. The gut thus acquires a semi-translucency and has a dark color like preserved ginger. It is now ready for use and is stored in a solution of carbolic acid and glycerin, one to ten. Its use has given satisfactory results.—*Med. and Surg. Reporter.*

**DIAGNOSIS OF ALCOHOLISM.**—Alcohol, when taken in quantity sufficient to cause coma, may produce a set of symptoms all but identical with those from opium, apoplexy, uræmia, etc. Dr. Woodbury, in the *Philadelphia Medical Times* for April 9th, 1881, presents the following distinctions: Alcoholic coma is characterized by bilateral, rather than unilateral symptoms; temperature is lessened; there is no hemiplegia; there is no strabismus, as often occurs in apoplexy and cerebral injuries. Cerebral hæmorrhage into the pons may, it is true, cause contracted pupils, coma and general muscular resolution precisely like alcohol; but the pupils are usually irregularly dilated in cerebral hæmorrhage. The urine serves a valuable purpose in the diagnosis of alcoholism. Add thereto a small quantity of a solution of potassium bichromate one part, in sulphuric acid three hundred parts. Or, better still, pour into a test-tube a drachm of sulphuric acid, and pour slowly down the side of the tube about three drachms of the urine, so as to prevent immediate mixing of the fluids. Then add a small crystal of potassium bichromate and rotate gently until some dissolves and diffuses itself through the acid. On standing, the lowest part of the urine will turn an emerald-green, the depth of color being proportioned to the amount of alcohol present in the urine. Alcoholic apoplexy is, of course, undistinguishable from other forms of cerebral hæmorrhage, so far as its symptoms are concerned.

**HOW MIDWIFERY IS TAUGHT AT THE VIENNA MEDICAL SCHOOL.**—Dr. R. W. Johnson, writing to the *Philadelphia Medical Times*, says: "One thing, it is to be hoped, the American student will never obtain, and that is the alacrity with which students and instructors leave the dead-house for the lying-in room, to make examinations with hands imbrued with the blood of the dead, and, it may be, consciences dyed with the blood of the living. I cannot but think that the awful inroads of puerperal fever, and the numerous deaths thereby, arise largely from this criminality in attempting to satisfy the meagre sentiment that foreigners generally have for women, by a paltry wash of carbolized water after post-mortems on even puerperal subjects. It requires more than a basinful of the 'multitudinous seas, incarnadine' with permanganate of potash, to wash out the 'damned spot' so acquired; and, God knows, Americans had better stay at home than learn abroad to carry, under the badge of their healing office, desolation to the hearth of a confiding family." The writer speaks in much the same tone regarding the instructors in venereal diseases, and evidently regards their conduct as both brutal and vulgar.

## News, Etc.

DR. FARRINGTON'S "Studies in Materia Medica" are being republished in the *Allgemeine Homœopathische Zeitung*.

THE *Medical Herald* claims to be the *Homœopathic News* in everything but name and publisher. From a perusal of the pages of the first number we see it has not degenerated. We wish it success.

THE INTERNATIONAL MEDICAL CONGRESS (allopathic) which meets in London in August next will be presided over by Sir James Paget. Forty thousand physicians have received invitations.

SANITATION IN BROOKLYN.—The Brooklyn Department of Health has divided that city into a number of districts, for each of which a sanitary inspector has been appointed, to whom all cases of contagious diseases must be reported.

CEREBRO-SPINAL MENINGITIS seems to be breaking out as an epidemic in certain parts of the country. The Ohio and Mississippi valleys have lately felt its effects, and sporadic cases are appearing more frequently in our larger seaboard cities.

ANALYSES OF DRINKING WATERS.—The National Board of Health has appointed Dr. J. W. Mallet, of the University of Virginia, to supervise the testing of suspected potable waters, and publishes in the *Bulletin* explicit directions as to the collection and shipment of specimens for examination.

THE HOSPICE OF ST. GOTHARD, which has been in existence since the fourteenth century, will be closed this spring, as the railroad through the St. Gothard tunnel will then be in operation. During the year ending September 30th, 1880, it was visited by 18,000 poor travellers.—*International Jour. Med. and Surg.*

JOHNSTON'S FLUID BEEF seems to have established itself securely in professional favor, not only because of its palatable and self-preservative properties, but especially because it undoubtedly contains all the nutritive principles of beef—a point in which there are grave doubts respecting some of the beef preparations now on the market. An advertisement of the article will be found in our pages.

THE HERING CLUB is a society organized in October, 1880, in Philadelphia, and composed of members of the graduating class of the Hahnemann Medical College of that year. Meetings are held regularly on the first Wednesday evening of each month. The object sought is the promotion of medical knowledge among its members. Any member of the class of "80" may become a member of the club. May it be a brilliant success.

THE HEALTH OF PHILADELPHIA.—The total number of deaths in Philadelphia during 1880 was 17,392; a death-rate for the year of 20.54 per 1000. For the year 1879 it was 18.65, and for 1878, 19.38 per 1000; while for the ten years, 1870 to 1879, inclusive, it was on an average 21.38 per 1000, so that while 1880 was less healthy than the two years next preceding, it was still healthier than the average of the preceding ten years.—*Nat. B. H. Bulletin*.

HEMPEL AND ARNDT'S MATERIA MEDICA.—The apparent delay in the issue of the second volume of the above work is due partly to the severe and tedious illness of the publisher, Mr. Chatterton, but chiefly because it has been found necessary to rewrite the volume entirely, for the purpose of



condensation. This unexpected labor falls, of course, upon Dr. Arndt, who also has been delayed by the illness of himself and members of his family. Mr. Chatterton hopes to have the volume out in a few weeks.

THE PLAGUE is prevailing on the lower Euphrates River and in Mesopotamian villages. Egypt has quarantined against it. Deaths have been reported from the disease in Seville, Spain. Advices from Bagdad, *via* Constantinople, April 16th, state that the ravages of the plague are terrible, though not extending beyond the sanitary cordon. Four thousand inhabitants have quitted Nedjed and encamped in salubrious localities. Nedjed and Djuhara were burned on the 8th inst. The disease has become most virulent, the afflicted dying in ten hours after being attacked.

YELLOW FEVER is prevailing at Vera Cruz, Mexico, Rio de Janeiro, Brazil, Havana, Cuba, Island of St. Thomas, and other tropical parts.

At the regular meeting of the mayor and board of aldermen of Vicksburg, Miss., held on the evening of February 7th, the following was adopted:

"Resolved, That the National Board of Health is hereby earnestly requested to put in operation the inspection of steamboats and other watercrafts between this city and the city of New Orleans by the fifteenth day of May next, and that a copy of the resolution be forwarded to the National Board of Health."

HOMŒOPATHIC MEDICAL SOCIETY MEETINGS occurring in May June, and July, 1881.

INTERNATIONAL HOMŒOPATHIC CONVENTION, London, Eng., July 11th to 16th. President, Richard Hughes, M.D., Brighton.

AMERICAN INSTITUTE OF HOMŒOPATHY, Brighton Beach, N. Y. (near New York city), June 14th to 17th. President, J. W. Dowling, M.D., New York; Secretary, J. C. Burgher, M.D., Pittsburg, Pa.

AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY, Brighton Beach, N. Y., June 14th. President, W. A. Phillips, M.D., Cleveland, O.; Secretary, F. Park Lewis, M.D., Buffalo, N. Y.

THE AMERICAN PŒDOLOGICAL SOCIETY, New York City, June 13th. President, T. C. Duncan, M.D., Chicago, Ill.; Secretary, E. Cranch, M.D.

WESTERN ACADEMY OF HOMŒOPATHY, June (the day to be fixed by the officers). President, C. H. Vilas, M.D., Chicago, Ill.; Secretary, C. H. Goodman, M.D., St. Louis, Mo.

CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY, May 11th. President, J. N. Eckel, M.D., San Francisco; Secretary, Sidney Worth, M.D., San Francisco.

CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY, Hartford, May 17th. President, W. D. Anderson, M.D., New Haven; Secretary, H. W. Bishop, M.D., Norwich.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION, Galesburg, May 17th, 18th, and 19th. President, T. C. Duncan, M.D., Chicago; Secretary, E. A. Bullard, M.D.

NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY, Newark, May 3d. President, William J. Andrews, M.D., Newark; Secretary, W. McGeorge, M.D., Woodbury.

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO, Toledo, May 10th. President, H. M. Logee, M.D.; Secretary, H. E. Rush, M.D., Sidney.

HOMŒOPATHIC MEDICAL SOCIETY OF WISCONSIN, June 8th (?). President, C. C. Olmstead, M.D., Milwaukee; Secretary, E. F. Storke, M.D., Milwaukee.

INDIANA INSTITUTE OF HOMŒOPATHY, Indianapolis, May 25th and 26th. President, O. S. Runnels, M.D., Indianapolis; Secretary, B. F. French, M.D., Indianapolis.

HAHNEMANN MEDICAL ASSOCIATION OF IOWA, May (date not fixed).

President, W. F. Virgin, M.D., Burlington; Secretary, E. A. Guilbert, M.D., Dubuque.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF KANSAS, Topeka, May 4th. President, John J. Edie, M.D., Leavenworth; Secretary, John H. Mosely, M.D., Olathe.

MAINE HOMŒOPATHIC MEDICAL SOCIETY, Augusta, June 7th and 8th. President, N. G. H. Pulsifer, M.D., Waterville; Secretary, W. F. Shepard, M.D., Bangor.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN, Ann Arbor, May 17th and 18th. President, O. R. Long, M.D., Ionia; Secretary, R. B. House, M.D., Tecumseh.

MINNESOTA STATE HOMŒOPATHIC INSTITUTE, St. Paul, May 17th. President, C. W. Crary, M.D., Lake City; Secretary, G. H. Hawes, M.D., Hastings.

HOMŒOPATHIC MEDICAL SOCIETY OF NEBRASKA, Omaha, May 11th. President, F. B. Richter, M.D.; Secretary, W. B. Gifford, M.D.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW HAMPSHIRE, June 15th. President, T. E. Sanger, M.D.; Secretary, J. C. Moore, M.D., Lake Village.

#### PERSONAL ITEMS.

SETTLEMENTS; CLASS OF 81.—J. A. Hatzfield, M.D., Hamburg, Berks County, Pa.; H. J. Evans, M.D., Tyrone, Blair County, Pa.; C. S. Philbrick, M.D., East Corinth, Me.

PROFESSOR C. G. RAUE is hard at work upon a revised and enlarged edition of his *Pathology and Therapeutic Hints*.

PROFESSOR S. LILIENTHAL, M.D., editor of the *North American Journal of Homœopathy*, has removed from 230 N. Twenty-fifth Street to No. 228 W. Thirty-fourth Street, New York.

W. B. VAN LENNEP, M.D., has returned from Ward's Island Hospital, and has associated himself with Bushrod W. James, M.D., in practice. His address is northwest corner Eighteenth and Green streets, Philadelphia.

CHARLES WOODHOUSE, M.D., one of the oldest homœopathic physicians in Vermont, and formerly Professor of Medical Jurisprudence in the Hahnemann Medical College of Chicago, has just been elected Mayor of Rutland, Vermont.

N. C. SCUDDER, M.D., has removed to Frederick City, Maryland. Dr. Scudder is a son of Samuel O. Scudder, M.D., of Rome, N. Y., a member of the first graduating class of the old Homœopathic Medical College of Pennsylvania.

EMMA T. SCHREINER, M.D., has been selected by the Medical Board of the Children's Homœopathic Hospital of Philadelphia for the position of Resident Physician. The doctor is a graduate of the Medical Department of Michigan University.

DR. BUSHROD W. JAMES has opened Ophthalmic Rooms at No. 1408 Arch Street, and connected them by telephone with his main office and also with the telephone exchange. He will conduct his eye and heart examinations there, the consulting hour being at 12 M. His general practice he will continue at his old office, northeast corner Eighteenth and Green streets.

DECEASED.—On February 22d, 1881, of pulmonic abscess following pneumonia, CHARLES H. CHAMBERLIN, M.D., of Barre, Vermont.

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Original Department.

STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

*ANIMAL KINGDOM.*

(Continued from page 265.)

HYMENOPTERA.

LARYNX—CHEST—HEART.—Hoarseness, with difficulty of breathing; also with dry throat and soreness in suprasternal fossa.

Feeling of rawness, with inclination to hawk.

Cough caused by a crawling irritation in the suprasternal fossa; cough from tickling in a spot deep down on posterior wall of windpipe; worse on lying down, often arousing him from his first sleep; it ceases as soon as a small lump of mucus is loosened.

Great dyspnœa; it seems impossible to breathe; it seems as if he could not long survive for want of air.

Intense sense of suffocation; he throws the collar open; can bear nothing about the throat; face dusky, lips blue.

Hurried and difficult breathing, with fever and headache; difficult breathing from swelling of tongue, fauces, pharynx, or larynx, as from œdema; also from constriction, as in croup.

Sensation as of rapid swelling of the lining membrane of the air-passages.

Asthmatic breathing from checked hives.



In the chest fulness, pressure, tension ; sensation of soreness, bruised feeling.

Stitches through the chest ; lancinating pains come suddenly.

Pain above the clavicle, and thence down through the chest, when coughing.

Pains just below the heart, arresting the breath ; sudden, stabbing.

Acute pain, sudden, just below the heart, extending diagonally towards right chest.

Dull, aching pains in the left side of the chest, near the middle of the sternum, with sensation of fulness and short breath.

Violent, audible palpitation ; beats are rapid but feeble.

Pulse accelerated, full, and strong ; or feeble, scarcely discernible at the wrist ; pulseless at the wrist ; intermittent pulse.

Faintness, with feeble pulse, and other symptoms of cardiac weakness.

**Related Remedies.**—*APIS* causes an irritation of the mucous lining of the larynx and trachea, and also soreness in the chest-walls.

It has been found most useful when laryngeal symptoms accompany erysipelas, œdema of the throat, glottis, or larynx, or suppression of eruptions ; less often in simple laryngitis, or laryngeal catarrh.

Difficult breathing, and especially the unique symptom, "he does not see how he can get another breath," has led to the successful employment of the drug in hydrothorax, hydropericardium, œdema pulmonum and asthma.

The lancinating, darting pains, palpitation, orthopnoea, etc., have rendered *APIS* valuable in cardiac inflammations and dropsy. Essential symptoms seem to be, œdema or sudden mucous swelling, dyspnoea, and sudden, lancinating, or stinging pains ; restlessness and anxiety. Compare : *LACHESIS*, *ARSENIC*, *SULPHUR*, *Bellad.*, *Kali carb.*, *Spigelia*, *Digitalis*, *Asparagus*, *Apoc. cann.*

*ARSENIC* has many resemblances. So apparently alike are the restlessness, changing of place, and dyspnoea, that the two are often misapplied, the one for the other. The best distinction lies in the fidgety restlessness peculiar to the *APIS*. If dropsy obtains, both may be needed in pale, tensely swollen limbs, but *APIS* often has a redness, itching, or erysipelatous condition present, as well as thirstlessness.

*Sulphur* has been found clinically to act well after *APIS* in pleuritic effusions.

BELLADONNA is too often mistaken for APIS in laryngeal affections. The latter has the most œdematous swelling, with consequent dyspnœa; the former most spasmodic constriction.

In cardiac affections ARSENIC, *Apoc. cann.*, *Digitalis*, and *Asparagus* bear some similarities with APIS, especially with great debility and dropsy. *Apoc. cann.* is needed when the pulse is small and weak, heart-beat irregular, now weak, now stronger; sinking at the epigastrium. *Asparagus* suits in the aged, with weak pulse and pain about the left acromion. *Digitalis* causes a doughy appearance of the skin; pulse slow or weak, quickening with every bodily movement; gone, deathly sick feeling at the epigastrium, soon after eating.

The cough of APIS is a not uncommon symptom, when this remedy is needed. It resembles, more or less, *Lachesis*, *Carbo veg.*, *Rumex*, *Bellad.*, *Chamom.*, *Crot. horridus*, *Nux v.*, *Bryonia*, *Ignatia*, *Arsenic*, *Hyosc.*

*Lachesis*, *Nux*, *Bry.*, and *Hyosc.* agree in adherent mucus.

But *LACHESIS* has intolerance of touch, even of clothing, about neck, a symptom not marked in APIS, except with the sense of suffocation. *RUMEX* has a teasing, persistent cough, aggravated by cool air, or by anything which increases the volume or rapidity of the inspired air. *Chamom.* differs mentally. *Nux vomica* cures cough from adherent mucus high up in the trachea; but there is a rough, scraped feeling in the throat. *Bryonia* adds epigastric irritation to the suprasternal, and the pains in the trachea and chest-walls are sharp, stitching, as well as bruised, aching. *Ignatia* induces a nervous cough, and the more the patient coughs, the more annoying is the irritation. *Arsenic* causes more a burning tickling in the fossa; but since it so often concurs with APIS, it should be compared with the latter, especially when cough accompanies dropsy, heart disease, etc. *Arsenic*, then, is really a concomitant.

*Belladonna* may be misapplied for APIS, but we ought to be able to distinguish the former by its greater constriction of the throat, and deeper inflammatory redness.

*Carbo veg.* agrees in hoarseness, rawness, and tickling cough, but the irritation is as from vapor of sulphur.

BACK AND LIMBS: Pressure, heaviness, and fulness in the occiput (diphtheria).

Glands of neck swollen. Vascular goitre.

Sense of stiffness in neck and back (diphtheria, etc.).

Back feels bruised, as if muscles were internally sore; region of last ribs.

Spine feels weak, as if she could not lie on it.

Hyperæsthesia of the spinal region.

Burning pressing in the coccygeal region, worse trying to sit.

Arms and hands are sensitive; burning, pricking, stinging, with redness and swelling.

Spots on the arms or hands, red, or bluish-red, with burning, stinging-itching, and extreme soreness.

Edema of limbs; parts red, tense; erysipelatous; feel bruised, or are pale, waxy.

Edema of hands and feet.

Limbs feel weak, as if paralyzed, with numbness, heaviness, and stiffness, or with crawling.

Numbness of the fingers, especially of their tips.

Coxitis when the inflammation is sudden and the fever high, with violent, lancinating pains.

Synovitis, with stinging lancinating pains, tense, exquisitely sensitive swelling from exudation.

Gouty concretions.

Dull pains, as if in the bones.

Tactitation of the muscles; paralysis of one side, with twitching of the other (hydrocephalus).

Excessively irritated; restless change of place.

Surface of the body exceedingly sensitive to touch.

Great prostration, with trembling; deathly faintness; tired, bruised, as after exertion.

**Related Remedies.**—*Apis* is needed in erysipelas, dropsies, effusions into serous membranes, rheumatism, etc., when its characteristic pains, swelling, and skin eruptions are present.

The swelling and pain have led to its employment in boils, carbuncles, and, above all, in paronychia. The peculiar pains also indicate it in rheumatism, muscular and articular, while its inflammatory effects with serous effusion have led to its efficient use in coxitis and synovitis.

The pale and painful tumefaction suggested its trial in phlegmasia alba dolens, in which it acts well, symptoms agreeing.

The stiff back, hyperæsthesia, bruised feeling, and paralytic weakness ought to suggest the remedy in spinal meningeal affections; but, in such cases, the general characteristics should be present for the sake of necessary definiteness.

Compare with: *ARSENIC*, *LACHESIS*, *RHUS TOX.*, *BELLAD.*, *Mercur.*, *Pulsat.*, *Iodine*, *Sulphur*, *Bryonia*.

The first three have already been sufficiently differentiated.



Rhus is said to be inimical. It is so similar in prostration, erysipelas, hives, coxitis, restlessness, etc., that great attention must be paid to such distinctive symptoms as the momentary relief from change of position, darker or deeper hue of skin eruptions, form of weakness, etc.

*Sulphur* follows *APIS* well, and, conversely, the latter antidotes the abuse of the former in panaritium.

*Pulsatilla* bears some resemblance in urticaria, tension, and stinging about the joints; and, above all, in milk leg, with aggravation from warmth and fever, without thirst. But the pains are erratic, or are located with tension, jerking, and a feeling as of subcutaneous ulceration.

*Bryonia* affects the joints and their synovial membranes; but the pains are more stitching, with tension; better from warmth of bed, *APIS* being better from cold applications.

*Iodine* is useful in dropsy of the knee, and has followed *APIS* well, especially in scrofulous children (compare also *Kali iod.*).

The paralytic weakness of *APIS* is that form which is so common a result of animal poisons, and compares with the sudden and violent effects of certain vegetables and minerals. It has been successfully employed in paralysis following devitalizing affections, such as diphtheria, typhoid fever, and also when meningeal effusions remain after inflammations. In all such cases, suppressed or pre-existing exanthemata constitute a leading indication for the bee poison, and the reappearance of skin symptoms calls for its discontinuance, so long as the improvement thus instituted lasts. *Sulphur* is a great aid here.

In these cases of prostration the patient is either nervous, restless, and oversensitive, or hot and drowsy, whether thirsty or not. (See also page 194, April number.)

**SLEEP.**—Anxious starting in sleep. Awakes with a shrill shriek (cephalic cry).

Sleepless from being fidgety; restlessness.

Tormenting dreams, of journeys, of care and toil, etc.

Sleepy, yet so nervous he cannot sleep.

Very sleepy, also with prostration (with many ailments).

Sleeps long in the morning. On awaking, head confused, as if brain had not rested; feels bruised; the symptoms of the sting, however, may be better.

Yawning in uterine hæmorrhages.

**Related Remedies.**—*APIS* induces a state of nervous ex-

citement, coupled with weakness, even to prostration. The extreme of this is stupor and apathy.

It compares with BELLAD., LACHES., RHUS TOX., *Baptisia*, *Zinc.*, *Opium*.

It is distinguished from the apparent agreement with the first by its greater prostration, asthenia, and tendency to torpidity. In both there is sleeplessness from cerebral excitation; in APIS, however, there is a condition of more restlessness and less violent excitement. Therefore it stands between Bellad. and Rhus tox. Its dreams of toil, etc., are yet to be confirmed, while the tiring, hard-working dreams of RHUS are well attested.

APIS again, somewhat like the latter drug, has bruised paralytic feeling in the morning, as after overexertion; must stretch. But RHUS adds aching in fibrous tissues, stiffness and soreness, better from continuing to move.

*Zincum* agrees in several points bearing on cerebral irritation with weakness. (But see April number, page 197.)

CHILL, FEVER, ETC.—Chilly 3 P.M., shudders, worse in warmth; chills run down the back; hands feel as if dead. Nettlerash. Thirst. Oppression of the chest as if smothering.

Cold feet; burning cheeks, also with burning toes.

Heat, with oppression of the chest and *drowsiness*; rarely thirst. Skin burning hot all over, especially on chest and stomach. Nettlerash. Heat of the room is intolerable.

Sweat occasionally; often alternating with dry skin. (This stage may be absent.)

Sweat after trembling and fainting, then nettlerash.

**Related Remedies.**—APIS induces, as several times mentioned, a continuous high heat, with accelerated pulse and nervous excitement or increasing drowsiness. It therefore becomes eminently useful in such affections as scarlatina, when the temperature remains up, breathing rapid, etc. Here it excels Belladonna, and compares with ARSENIC, Rhus, Sulph.

In intermittent fevers, it suits chronic, spoiled cases, where it compares with NATRUM MUR., its complement, and also ARSENIC, RHUS TOX. (especially with nettlerash), Carbo veg., *Opium*.

ARSENIC is relieved by external heat. RHUS has a dry cough before and during chill, and less oppression. OPIUM compares in heat with deep sleep, but there is more stertor and hot, *profuse* sweat. Carbo veg. has cold knees and oppression like APIS, and is called for in the weak; but the skin is apt

to be icy cold, and the breath cool. During heat wishes to be constantly fanned.

In typhoid, APIS compares with LACHESIS, *Hyosc.*, *Rhus tox.*, *Baptisia*, *Zinc.*, etc. (See April number, pp. 196, 197.)

#### SKIN—CELLULAR TISSUE.

Rapid swelling of the whole body.

Skin sensitive to the least touch.

Diffuse cellulitis, followed by destruction of the tissue; parts intensely sore, then burning and stinging, with rosy redness of the skin, then purple.

White miliary eruption.

Erysipelas (see Face).

Elevated spots and wales, either red or unnaturally white, with prickling, itching soreness and burning stinging.

Cedema; also indurations of cellular tissue.

Carbuncles, boils, abscesses, cancers, with burning-stinging, erysipelatous inflammation; restlessness, anxiety, and often scanty urine and strangury. Pains lancinating.

Small pustules burn and sting; hence in variola.

**Related Remedies.**—APIS, as must have appeared from the preceding pages, has many and important skin symptoms. Its various forms of dropsy have been sufficiently dwelt upon. In nettlerash it suits in acute cases, while CALC. OSTR. is more frequently needed in chronic forms. For the consequences of suppressed hives APIS is useful and compares with ARSENIC and SULPHUR. *Rumex* and SEPIA are excellent when the nettlerash is worse in the open air, and the former, especially, if worse while undressing.

URTICA URENS agrees with APIS in œdematous and sudden swellings, hives, itching, etc. (See also Medusa.) It has been given after shell-fish (also Copaiva under such circumstances). The Urtica also develops vesicles and bullæ.

In diffuse cellulitis, with destructive tendency, compare APIS with LACHES., RHUS, *Tarent. cubensis*, ARSENIC, etc. In cellular induration compare SILICEA, HEPAR, SULPH., etc.

**MODALITIES.**—APIS has general relief from cold applications. Sitting erect is the most favorable position with dyspnoea.

Many complaints are worse evenings and night, though diarrhoea increases in the morning (see also Fever).

Wine relieves; sour things aggravate (diarrhoea, etc.).

Motion generally aggravates.



APIS antidotes ailments from Anthrax, Quinine, Iodine, Cantharis, Sulphur. Stings of bees require heat, salt, earth, LEDUM.

VESPA promises to be useful with throat symptoms similar to APIS, but with marked periodical recurrence.

### AUTOPSIES—HEART CASES.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA, PA.

WHY seek after necropsies and their pathological results? The doctor is useless then, after the symptom-chase is over and death has won. Diseases, symptoms and remedies so engross the attention of the practitioner, and a disregard for medical advancement so generally prevails, that many valuable and instructive matters are lost, both to the attendant and the profession, by reason of his apathy in not urging a post-mortem examination. Many anomalous and unexpected conditions are found by those who take this care with their cases, and follow up the pathological conditions by a comparison between the symptoms and the changes of structure associated with those symptoms. Then again, it frequently occurs that when autopsies are made there is too much hurry attending the operation, and too much tendency to ignore many of the alterations present, or to leave them unmeasured. The associated changes in other organs of the body, wherever any other symptoms were traced during life, should also be looked into and carefully noted. We desire to describe two or three interesting cases, which we have written out from notes taken at the time the examinations were made.

*Aneurism of Left Auricle—History and Autopsy.*—It is rarely that so interesting an aneurismal dilatation of the left auricle occurs as in the case I here relate. I was called November 26th, 1880, to see a gentleman, aged 56, nervo-bilious temperament, tall and slender, who had been for years accustomed to sedentary habits, as an accountant.

He had, previous to my being called in, been quite an invalid for more than two years, and was during that time under old-school treatment. His physicians had given him an unfavorable and fatal prognosis, and were administering Morphia by hypodermic injections, and he was also taking daily by the stomach a prescription containing Bromide of potassium, Chloral hydrate, etc. These drugs kept the stomach in an irritable condition, with nausea, vomiting and loss of appetite, and,

when awake, he suffered great distress and indescribable feelings, this no doubt being due, in a great measure, to the medication he had been receiving. He was told that there was no danger of his dying of suffocation, but starvation would inevitably ensue, and, at the same time, was ordered to keep himself quiet and free from all excitements or anxiety.

He ascribed the inroad of the disease to lifting a heavy box of papers from a bank-safe. He had been subject to cardiac asthma for two years, and about one year ago he noticed a slight tumefaction in the right sternoclavicular region, and it extended gradually somewhat outward above the clavicle. This increased for some months, and then encroached upon the left side, until it extended over into the left supraclavicular space and became larger on that side than on the right, the enlargement of the latter, in the meantime, having very considerably diminished. When I saw him first, it occupied the space of the upper third of the sternum, the cartilages of the first and second ribs of the left side, and the cartilage of the first rib on the right side.

The pulsating tumor could be seen and felt occupying the entire interclavicular notch and space between the attachment of the sterno-cleido-mastoid muscles, projecting an inch above the manubrium sterni, which portion of bone seemed to be greatly softened by constant erosion, until the pulsations could be felt soft and compressible over a space half an inch in diameter, directly at the centre of the manubrium, the bone having been so thoroughly worn away at that point.

The pulsation could be felt corresponding with the action of the left auricle over any part of the tumor that could be reached with the finger. It slowly increased in size until his decease, January 18th, 1881, when he passed away in quietness. His voice was clear and normal, but he had a hard dry cough, with considerable oppression. The latter symptom was not constant, and was present when there was a temporary congestion of the pulmonary structure. He was at first extremely restless and wakeful, notwithstanding the anodynes of his former attendants; he also had sinking spells frequently, and this troublesome dry cough, and, as the disease progressed, he grew weaker, and the cough more harassing and nervous in character. His expression was haggard and careworn, and most of the time he sat erect in bed, and, although it caused some oppression and made him uncomfortable to recline, he nevertheless could and did lie down and sleep in that posture. His lips were pallid, and sometimes livid and cold; his

respiration was rapid, and there was some dyspnoea all the time, which was greatly increased by temporary pulmonary congestion, which occurred every few days.

There was never any difficulty in deglutition, and although he could not eat rapidly, or a very great quantity, his appetite was quite good for a man who was in constant distress when awake.

In conversation his sentences would end with a short clearing hack or cough followed by a slight sighing respiration. He had more or less palpitation of the heart, but this symptom was not so common with him as in the beginning of the attack two years previously. His suffering was not so much acute pain, as it was a general uneasiness and discomfort in the cardiac and surrounding region. He did not give evidence of pericarditis or effusion. His feet began to swell about three weeks before his death, but the hydrops did not assume the form of anasarca, and strange as it may appear, he did not have any attack of raising blood to my knowledge, and yet his pulmonary congestion was so marked at times, and his coughing spells so violent, as to produce a swelling and puffiness of the glands along the side of the neck, and especially on the left side of the thyroid region. Some days his symptoms were all aggravated, and some days all improved, without any apparent cause therefor. About three days before his death a pain seized him through the chest in different positions and directions, the oppression grew worse, and the dropsical swelling extended to his hands and other parts of the body; then came the hippocratic countenance, suppression of urine, and a calm death, as from exhaustion.

*Post-mortem Conditions.*—An autopsy was made in the case twenty-seven hours after death, by the ordinary mesial and lateral incisions and dissections, and the sternum and costal cartilages removed. The aneurismal tumor was then carefully dissected out, and, after sawing through the clavicles, and tying the large vessels, the entire heart and aneurism were removed intact. The upper portion of the sternum was quite honeycombed, in addition to the circular opening through the manubrium sterni mentioned before, where fluctuation and pulsation could be felt during life by pressing the finger thereon. During life the tumor extended over on the left side of the sternum, about two and a half inches above the ordinary line of the upper margin of the left auricle, but running about one inch further in its dissecting course, upwards and outwards, towards the right carotid region. The entire aneuris-



mal enlargement was carefully dissected out by Professor John E. James. It was found, on being laid open, that it was connected with the left auricle, which cavity of the heart had evidently begun to dilate, and its walls to bulge at the upper and right border, and it had pressed its way up under the aorta in the direction and to the extent indicated. The upper portion of the sac contained a very firm old coagulum, which had been deposited in layers from time to time. The layers, as they approached nearer the auricular current of blood, were much softer, until they were almost like a freshly formed clot; the sac was about two and a half inches in diameter, both vertically and laterally, while the auricle itself was somewhat hypertrophied and dilated laterally to the left. On examining the auriculo-ventricular orifice there was observed very great constriction, caused by a calcification and thickening of its margins and of the folds of the mitral valve, the larger or anterior segment of the valve containing a flat, hard, bone-like deposit through its structure, thus impeding very seriously the action of the mitral valve, and assisting in the production of the stenosis, which doubtless originated the aneurismal dilatation of the left auricle.

The left ventricle was quite normal, except slightly diminished in size, and the muscular walls were not hypertrophied, but the most remarkable feature of the case was that with all this pressure upon the pulmonary structure from enlargement and the necessary pulmonary congestions to which he was subject, thus causing the right side of the heart to do an extra amount of duty, there was no hypertrophy or dilatation of the right ventricle or auricle.

The aorta and its valves were quite normal in size, and quite free from atheromatous thickening or deposit. The other valves of the heart did not show signs of disease, nor did any of the other vessels. A post-mortem clot was found in the right auricle and ventricle, and some loose clots also in the left auricle:

REMARKS.—It would appear as if aneurism of the heart was necessarily incurable, and yet Dr. Wilks reported a case where calcareous transformation of the sac occurred, and the contents of the aneurismal distension solidified, thus resulting in a cure, comparatively speaking.

Although the left ventricle is usually the seat of cardiac aneurism, yet a number of cases occurring in the left auricle are on record. Thurnam collected nine cases, one of which consisted of a projection of the auricular walls the size of a

nut, and was filled with dense laminated fibrin. The other eight were general dilatation of the auricle itself, but all were associated with mitral narrowing. The constriction in this case was considerable, as previously noted.

Thurnam and Rindfleisch both give rheumatism as the most common origin of auricular aneurism, the inflammation of the heart structure inducing fibroid changes and consequent yielding of some portion of the wall of the cavity.

The dangers anticipated in the case did not occur, for neither did a rupture of any part of the walls of the sac take place, nor did a sufficient amount of pressure occur to interfere with respiration or deglutition.

The aneurism by preference dissected its way anteriorly towards the surface over the fasciæ and among the muscles of the anterior portion of the neck.

Hayden gives the causes in the order of their frequency as follows :

1. Chronic endo-myocarditis, leading to fibroid transformation of a limited portion of the walls.
2. Ulcerative endocarditis.
3. Partial rupture of the wall on the internal surface, including the endocardium.
4. Bursting of an abscess into one of the chambers of the heart, and entrance of blood into the cavity of the abscess.
5. Discharge of an hydatid cyst into one of the chambers, and entrance of blood into hydatid cyst.

In this case it was doubtless attributable to the third cause, occurring when he lifted a heavy package from the safe two years previous to his death. Probably only a slight giving way occurred then, which enlarged until a permanent distension into an aneurismal sac of the remaining structures of the auricular walls supervened.

*Autopsy.*—On February 25th, 1881, through the kindness of Professor Aug. Korndörfer, I was invited to be present at an autopsy on an old gentleman æt. 63, performed forty-eight hours after death.

Dr. Korndörfer had not been in attendance until the last six weeks of the man's life, although the gentleman had been an invalid, and subject to attacks of cardiac pain, oppression, etc., for years. Œdema of the lower extremities was present and the case was in a generally debilitated condition. On auscultation all the heart-sounds were feeble with a mitral regurgitant murmur, although there was a decided and rather strong impulse, notwithstanding the extremely feeble sound. This

was, no doubt, due to the hypertrophy of the ventricles and the absence of any amount of effusion on the pericardium, thus allowing the apex of the heart to come with greater force against the chest-walls. The following conditions were noted: The adipose tissue, even after the body had been exposed to cold air, was about one inch thick under the dermoid of the chest and abdomen. After opening the chest, a slight amount of hydrothorax was found on both sides, and a slight increase of serum in the pericardium above the normal quantity.

The volume of the heart was much increased, both to the right and to the left of the normal, there being enlargement by hypertrophy of both right and left ventricles. A general degeneration of the muscular walls into fatty tissue had taken place, so that a finger could be pushed through the walls of either ventricle by slight pressure. The left auricle was so attenuated that it tore almost like thin paper when taken hold of and tension was made upon it. The anterior fold of the mitral valve was slightly roughened, but the posterior segment was firmly and extensively bound down by adhesions to the endocardium of the left ventricle. The tricuspid valve-folds were thickened by the addition of fibrous structure, but no calcareous deposit was observable. The aortic and pulmonary semilunar valves were normal, and no atheromata were noticeable on the aortal lining or on the endocardium, and all the cavities of the heart were filled with post-mortem clots. A thick layer of adipose tissue was found over the structure of the heart beneath the pericardium.

REMARKS.—Three peculiarities present themselves in this case: First, we nearly always have associated with fatty degeneration of the heart an atheromatous condition of the aorta, and more or less dilatation of that vessel, but in this instance its calibre was normal, and neither its lining membrane, nor its structure, was at all changed.

In the second place, the usual feeble pulsations of the heart, and comparatively indistinct sounds and extreme feebleness or absence of the first tick, were here characteristically misleading; for although there was a feebleness of pulse and a regurgitant mitral murmur, yet the strength of the impulse of the apex against the chest-walls and the distinctness of the heart-sounds appeared too strong for the pathological condition which the autopsy revealed.

In the third place, it was remarkable that, owing to the great tenuity of the left auricle, either a rupture or an aneurismal dilatation of this cavity did not take place, and by either of



these conditions produce death, rather than by the slow and gradual exhaustion from the imperfect propelling power of the organ itself, and its failure to properly force the vital fluid through all its functional channels in a tall, muscular frame, such as this man possessed.

Many cases of fatty heart have aortic valvular insufficiency, but in this instance the valves of the aortic orifice were normal and supported perfectly the test column of water thrown into the aorta. The increase in volume of the walls of the right ventricle and their subsequent degeneration into adipose structure to such an extent that the finger could be readily thrust through almost as readily as through newly-made cheese, was another peculiar feature of this interesting case.

*Dilatation of the Left Ventricle and of both Auricles—Autopsy.*—M. F., aged about fifty years, tall, slender, bilious temperament, and of slow, deliberate speech and action. About two weeks before his decease I was called in consultation, and had an opportunity of examining his case, and especially his heart. He had been for years quite emaciated and of sallow complexion, but enjoyed tolerably good health until the last two years of his life, during which time he was subject to more or less dyspnoea, weak spells, and palpitation of the heart, with dyspeptic symptoms.

I found him in such a debilitated and marasmic state that he could not talk any length of time without becoming greatly fatigued. On auscultating the cardiac region I found a feebleness of the first sound, without blowing, indicating mitral regurgitation, an increased second sound, and a very peculiar irregular action in the heart-movements, which I could not at the time well explain. There was a very strong impulse at the apex, and the heart extended over and upon the nipple-line, and on the right side the dulness was likewise continued too far over the sternal region, in fact, the cardiac region seemed to occupy an unusual large area, which was well made out on account of his emaciation.

The liver extended too far over into the epigastric region, and the right lung gave evidence of very considerable hepatization. There was a pulsating enlargement in the lower part of the epigastric region, which, on pressure with the hand, appeared as though there might be considerable dilatation of the abdominal aorta. This diminished very considerably afterwards, and, at the time of his death, no tumefaction of any kind could be observed, and the subsequent autopsy revealed no aneurism. He was so emaciated that the abdominal and

iliac arteries could readily be felt pulsating, and under slight pressure made over the attenuated abdominal contents, could be seen, but this was entirely arterial and different from the pulsating accumulation noticed in the region where the transverse colon crossed the abdominal aorta.

There were some pleuritic pains through the chest at times, which had been quite severe, but the condition of the pleuritic surfaces and the abundance of adhesions fully accounted for all the suffering in that region.

*Post-mortem.*—Ten hours after death, after making test for death, and having positively determined the fact, the post-mortem was conducted by Professor Korndoerfer. Upon opening the thorax, the right pleural cavity was found to contain two quarts of bloody serum; adhesions of the pleuræ and evidences of inflammation were present. The left pleural cavity contained one quart of bloody serum, and there were firm adhesions of the pleuræ at the apex of the left lung. The right lung was solidified throughout, and, upon incision into the lung-tissue, dark blood oozed out. The left lung was nearly normal.

The pericardium was opened and found to contain no fluid at all, but complete adhesion of the two surfaces of the pericardium had taken place. There was a general enlargement of the heart by dilatation of the right ventricle and auricle and left auricle, but no hypertrophy; a long post-mortem clot, about the color of an oyster and of a fibrous structure, was found in the right ventricle and auricle.

The tricuspid and pulmonary semilunar valves were normal and the aortic valve almost normal, but there was considerable dilatation of the aorta. There was great ossification of the mitral valve, causing considerable stenosis, and, no doubt, originating the enlargement of the cavities above-named.

The liver was slightly enlarged, and was normal in appearance upon incision, except a few fatty spots scattered through it. The stomach, intestines, kidneys, bladder, aorta, and spleen were normal. There was a general wasting of all the adipose tissue throughout the body.

The form of death was such as most commonly occurs when there is no sudden yielding of the heart-walls, that is, by gradual prostration and feebleness of the heart's power, until a slow exhaustion of the strength and vital powers supervene, and the human machinery ceases to act, despite all stimulating agencies.

## TONSILLITIS—DISCUSSION.

BY R. E. CARUTHERS, M.D., PITTSBURG, PA.

(Read before the Homœopathic Medical Society of Allegheny County, March, 1881.)

ATTACKS of tonsillitis are most frequent during the spring and fall. Exposure to atmospheric changes—taking cold—is the principal exciting cause. From the fact of its frequent recurrence in the same individual we would be led to believe in the existence of some peculiar predisposition toward it. This has been attributed by some authors to the arthritic diathesis, and its prevalence at such seasons of the year as are most favorable to rheumatic exacerbations would seem to corroborate this view. Other authorities claim that the strumous constitution—as shown in individuals liable to inflammation of the lymphatic glands—is a predisposing cause.

Tonsillitis, or inflammation of the tonsils, may attack the tissues surrounding the gland and in which it lies imbedded, forming peri- or retro-tonsillar abscess. It may affect the parenchymatous tissue of the gland, causing true tonsillar abscess, or quinsy; or it may involve the secreting tissue of the gland, causing follicular tonsillitis. The form first mentioned is probably the most frequent.

In order to arrive at a clearer understanding, we will glance at the anatomy of the tonsil.

The tonsils are follicular bodies which lie on either side, between the anterior and posterior pillars of the fauces, in a sort of niche or groove. They are oval in shape, and normally about the size of a hazelnut, and can just be seen, when the mouth is opened widely, projecting into the isthmus faucium. They contain, internally, a number of mucous crypts, which open, by from twelve to sixteen ducts, on the surface of the tonsil. The gland does not adhere firmly to the bottom of the groove in which it is placed, but is movable by the action of the muscles surrounding it, and when inflamed and tumefied it bulges out into the throat, and moves backward and forward with every movement of deglutition. The gland being thus continually displaced, a serous bag forms in the connective tissue stretching between the pillars of the fauces, and occupies the bottom of the groove in which the tonsil lies. It is in this serous bag or bursa that the pus usually collects, forming our first-mentioned variety, retrotonsillar abscess, or, as it might properly be called, false quinsy.

The symptoms of this form correspond so closely to those of true quinsy, or parenchymatous inflammation, which is a very rare affection, that they can be given together.



The inflammation is generally limited to one tonsil, but both may be attacked simultaneously, or, after the attack on one side has subsided, the other may take on inflammatory action. The patient may suffer from malaise, some general febrile disturbance, the pulse ranging from a hundred to a hundred and twenty, thirst and heat of the skin, and, possibly, a rigor, and sometimes vomiting. In connection with these symptoms or immediately following them there is a stiffness and dryness of the throat, with constant efforts at deglutition, which soon becomes painful, the pain shooting up towards the ear. The temperature rises, and may, in children, reach a height of 105 degrees. The mouth cannot be opened to any great extent, on account of the stiffness and soreness in the angles of the jaws, and on this account it is difficult and often almost impossible to get a view of the gland, and one must trust to his tactile sense for information as to the condition of the parts. The breath becomes offensive. There may be profuse salivation. A quantity of sticky mucus forms, causing frequent efforts to swallow, or continual hawking. The voice is changed, acquiring a peculiar thick, muffled, nasal character, which is very characteristic, and once heard is not easily mistaken. Respiration is not impeded unless it should be in the later stage, when, from the increasing size of the glands, they protrude into the isthmus of the fauces and obstruct the passage of air. The attack may last from ten days to two weeks, or may even be prolonged to three or four weeks.

Though the symptoms of both these forms are similar, and consequently, in the medicinal treatment it is not absolutely necessary to differentiate them, yet, when surgical interference becomes necessary, it is all-important to know just what the exact condition may be. If the body of the gland be the affected part, an incision or puncture directed toward its centre will reach the collection of pus, and relief will follow; but, if it is the variety known as retrotonsillar, the situation of the incision must be varied, or the operator will have the mortification of seeing blood alone and not pus follow his knife. In such a case, as the anterior pillar of the fauces forms part of the anterior wall of the abscess, the pus will be reached most easily by an incision through it. There is one caution given by authorities on this point, and that is, that, as we may often be obliged to depend on the sense of touch alone in deciding whether or not pus may be present, we may be deceived by the following fact: The swelling of the parts puts on a stretch the thyro-palatine muscle in the ante-

rior arch of the soft palate and the pharyngo-palatine muscle, and between the two is left a small, triangular soft spot, which conveys to the finger the sensation of fluctuation, and may lead the operator astray.

The third form of the disease mentioned, follicular tonsillitis, is quite frequently met with. The general symptoms are not so severe as in the two other forms, although there is considerable fever, prostration, and pain on deglutition, but the attack never goes on to suppuration. The disease is, pathologically, an inflammation of the membrane lining the crypts of the tonsils, accompanied by a thick, opaque, cheesy secretion, which blocks up the orifices of the ducts. On examination, the tonsils are seen enlarged, brightly reddened, and showing on their surfaces spots of a white or yellow color, which mark the openings of the ducts, and consist of the cheesy secretions spoken of. There may be a patch, caused by the cohesion of the secretion from several ducts, which at a casual glance might be taken for a diphtheritic deposit, but lacks the coherence and adhesiveness characteristic of that exudation. The breath becomes extremely offensive, ptialism may be profuse, the voice has the peculiar character of quinsy, the appetite may be impaired, or, if any desire for food is felt, it is repressed on account of the pain caused by deglutition. The duration of the attack may be from four to five days. Its termination is in resolution.

This is the form of throat trouble known by the laity, and to some extent in the profession, as "ulcerated sore throat," while the fact is that it is not an ulcerated condition, a true ulceration of the tonsil being extremely rare except as the result of syphilis. The only affection of these glands that at all approaches an ulcerative condition is that known as "herpetic tonsillitis," in which the tonsil is more or less covered with small vesicles, which ultimately rupture, leaving small excoriations, which might be called ulcers.

Inflammation of the tonsils may be mistaken for the throat affection of scarlatina, for diphtheria, or it may be confounded with laryngitis. It may be necessary, if called early, to suspend judgment for a few hours until the malady has developed more fully, when a definite diagnosis can be made.

It may be distinguished from laryngitis by the fact that inspection of the upper part of the throat shows the location of the inflammation, the voice has the peculiar tonsillar character, and does not, as in laryngitis, become hoarse, or sink to a whisper, early in the attack.

From scarlatina it may be distinguished by the mode of its invasion, and, as the case progresses, by the absence of the scarlatinal rash and other pathognomonic symptoms.

The disease to which follicular tonsillitis is most similar, and from which it should be most carefully differentiated, is diphtheria. The mode of invasion is similar, and the symptoms correspond closely to that form of the disease sometimes called "catarrhal diphtheria." The attacks in both diseases are usually one-sided; the tonsil itself is but slightly enlarged, but seems to be pushed forward by the swelling of the tissues behind it. After the trouble has lasted for a few hours, small grayish-white or whitish-yellow spots appear, slightly separated from each other, lying close together, or sometimes merging into one another. These signs are common to both, and the diagnosis must be made by close inspection, when, in tonsillitis, the membrane will be found non-adherent, and made up of the yellowish, sticky mass that exudes from the follicles, while in diphtheria it will be found to be adherent and not easily removed. After removal of the exudation there will be seen, in diphtheria, a slightly abraded surface, while in tonsillitis the mouths of the follicles will be laid bare, and a probe can be passed into them.

The prognosis, as regards life, is favorable, although death may occur, and has occurred, by hæmorrhage from ulceration into the maxillary or carotid arteries; from suffocation, by bursting of the abscess and discharge of pus into the larynx and trachea; from œdema of the glottis, and from extension of the inflammation to the larynx and glottis, causing suffocation.

In regard to complete recovery the prognosis is not always favorable. From the frequent recurrence after one attack, a condition of chronic inflammation is set up, which leads to permanent enlargement of the tonsils and impairment of their functions.

Quite a number of remedies have been recommended for this affection, but those which will probably be the most frequently needed are Belladonna, Mercurius, Phytolacca, and Hepar sulphur. The leading indications are as follows:

**BELLADONNA:** Right side; tonsil bright red; sensation during deglutition as if the throat were too small; worse when swallowing liquids; intense congestion, throbbing of carotids, swelling of neck, which is painful, externally, to touch and motion.

**MERCURIUS:** Tonsils dark red; stinging pains in fauces, worse on empty swallowing, but not so painful while swallowing food or drink; offensive breath.



**PHYTOLACCA:** Tonsils large and bluish; dryness, roughness, burning, and smarting in the fauces; cannot drink hot fluids; considerable prostration.

**HEPAR SULPHUR:** When there is a tendency to suppuration; stitches in the throat extending to the ears, aggravated by swallowing.

As auxiliary treatment we may use a cloth wrung out of cold water, applied to the throat at bedtime, which will often dissipate a threatened attack by morning. Combined with this, frequent sucking of small pieces of ice have a beneficial effect. After the inflammation has been checked, poultices to the submaxillary region will hasten resolution, or if suppuration is inevitable, they will hasten the pointing of the abscess.

After the severity of the attack has been reduced, great care must be observed in regard to exposure, which might cause a relapse, and convert what might have been a simple inflammation into a severe one, attended with suppuration. If the voice is used in talking or singing, the same result may occur.

In those liable to attacks of tonsillitis it is important that a course of prophylactic treatment should be observed, such as a daily douching of the neck with cold water and gargling the throat with the same.

#### DISCUSSION.

**DR. WILLARD:** I am in the habit of using poultices more frequently than advocated in the paper. I find the use of warm applications more beneficial than cold ones, and only use the latter when decided preference is expressed for them. In regard to remedies, Bell. and Merc. are my chief reliance; the first when there is heat and dryness, the latter when there is profuse salivary secretion. I insist upon quiet, and forbid all talking. I make use of flaxseed poultices externally, and Hep. s. internally, where signs of a suppurative tendency appear. I have stopped the practice of lancing, since experience has seemed to demonstrate that the suffering was only prolonged by that means. If there is imminent danger of suffocation it is, of course, proper to lance the abscess.

**DR. McCLELLAND:** There is a condition which has very frequently come under my observation, and for which I was for a long time unable to assign a cause, and that is, the foul, offensive breath, complained of by so many persons. After trying to account for this symptom by assigning the cause to the stomach or decayed teeth, and after failing in all my efforts to remove the difficulty, my attention was directed to the tonsils

as a possible source of the evil. In such cases I have found lodged in, and back of, the tonsil a cheesy deposit, which I think is due to a subacute inflammation of the tonsils affecting the follicles and giving rise to this exudation; the tonsils have a honeycomb appearance. Treatment directed to this condition removed all local troubles, and with these disappeared the offensive breath. I generally use gargles of hot water and salt, and give Hep. s. internally. After using hot water I do not allow the patients to go immediately into the cold air, and also direct them to swallow a teaspoonful of glycerin after the gargling, the glycerin having a soothing and beneficial effect upon the inflamed follicles of the tonsils. I have also used the hot-water gargles in quinsy, and with excellent results. When the tonsils are bright red I use Bell., and follow this, when necessary, with Merc. iod., using the latter preparation of Mercury in preference to all others. My success, however, is not always satisfactory, for the tonsils will, in very many cases, go on to suppuration. Under these circumstances I try to hasten suppuration by giving frequent doses of Hepar s.; if there is a great deal of disturbance of the general system I give Bell., with Hepar s. at intervals. After a tonsil has gone on to suppuration, and has discharged its contents, then is the time to attempt your prophylactic treatment. The best remedy that I have found to meet this condition is Silicea. I would like to have heard more fully in regard to chronic tonsillar enlargement. I believe this condition to be due to a plastic exudation and interstitial deposit, giving rise to a material increase of the substance of the tonsil. While I have often reduced this hypertrophied condition, in many cases I have utterly failed. In children, where the tonsils are so much enlarged as to nearly touch each other, and give rise to great difficulty in breathing, I have had better success with Hep. s., Calc. sulph., and Calc. iod., than with any of the preparations of Baryta. Hot water and salt gargles are also useful adjuvants in these cases. I am not in favor of excision if it can be avoided. In those cases where the tonsil has become numerically hypertrophied I do not know what else to do. In such cases the tonsils are in a condition similar to chronic enlargement of the uvula, which becomes not only lengthened, but takes on an increased growth; the successful removal of which gives, as we all know, marked benefit. I think it is immaterial whether we use hot or cold poultices. Cold-water compresses soon become heated, and the effect is the same. If the patient has good reactive powers I apply cold or cool compresses, but if the reaction is tardy I use

warm ones. Bathing the throat every day in cold water is a valuable prophylactic measure.

DR. CHILDS: I have used Baryta and Calc. iod. with good effect in a number of cases, although I have failed with them in others. I have aborted a number of cases by the use of hot pepper tea, using the cayenne pepper, or, when procurable, the red peppers. I think that greasing the throat and then applying a flannel bandage is better than the frequent changing of poultices. If there is any moisture produced it is retained, and seems to warm and moisten the throat. I generally direct the use of dry food.

DR. McCLELLAND: Dr. J. P. Dake has advocated the use of Capsicum as almost a specific in tonsillitis.

DR. DINSMORE: I have used Bapt. with good effect where there is considerable redness of the throat, with aching pains through the whole system. Some authorities ascribe enlarged tonsils to exuded lymph deposited on the tonsils, and caused by deoxygenized air. I never use poultices, but simply dry flannel cloths.

DR. DEAN: In one case where the patient had been subject for years to frequent recurring attacks of tonsillitis going on to suppuration, I gave Baryta mur., 2d trit., grain doses, and ordered a gargle of hot water, containing one drachm of Iodine to the half glass of water, to be used night and morning. This treatment was continued for two months; there has been no return of the trouble since, now nearly four years. A second case, but not of so long standing, was cured in the same way.

DR. CARUTHERS: In the case of a child four years of age, who had suffered from catarrhal troubles for a year, and began to show marked symptoms of deafness, examination of the throat showed the tonsils to be enlarged to nearly twice the normal size. Three powders of Calc. phos. 3<sup>r</sup> were given every day, and the first dilution of tar used locally, by means of an atomizer. The hearing was promptly restored, and the tonsils reduced nearly one-half.

DR. MILLER: In one case, where the disease was located on the left side, and the parts were extremely painful, Lachesis was given. In subsequent attacks, although the tonsils became very much swollen, so that breathing was almost impossible, there was not the slightest pain. For these attacks Merc. iod. has been given.

DR. WILLARD: There could scarcely have been an inflammatory condition while the sensation of pain was absent; it was probably of the follicular variety.



DR. MILLER: There was suppurative action with instant relief,—not a condition characteristic of follicular tonsillitis, as I understand it. Pain arises from resistance of the tissues to distension; if there is no resistance we need not have pain.

DR. SEIP: I generally use Bell. in the 1st dilution, giving it frequently, and am thereby able to abort many cases of tonsillitis. After this I give Merc. iod. more frequently than any other remedy. A few years ago, in an epidemic of this trouble, where all the remedies seemed to fail, and nearly every case went on to suppuration, I used the Iodide of potash, 2d trituration, one to two-grain doses every two hours, and in a large number of cases suppuration was averted. I have no indication for its use, except that where Hep. s. fails, this remedy seems to supply the want. In regard to external applications, you will frequently find that when you go to see your patients bacon has been applied to the throat by the attendants, and in such cases I leave it on, since it seems to answer very well in place of a poultice.

DR. J. B. McCLELLAND: While making ineffectual attempts to lance a tonsillar abscess, a violent movement caused severe gagging, and in the effort the abscess broke. In a second case the gagging was intentionally produced, and the result was the same.

DR. CARUTHERS: Old-school authorities recommend an emetic in such cases, and produce a like result. Is tonsillitis more frequent in children or older persons, or is it true that it never occurs before puberty?

DR. McCLELLAND: I have generally seen the attacks occur after puberty. The difficulty in lancing the tonsils arises from the fact, that when it becomes necessary the jaws are in a rigid state in consequence of the inflammation and infiltration, and the sense of touch, as mentioned in the paper, is often our only guide. In the matter of poultices, the putting on of a greased rag or bacon may be a good thing, but I do not look at this as being the same thing as a poultice. The latter implies the use of moist heat, and the object of its use is to keep the pores open and increase the activity of the absorbents in the vicinity of the inflammation. By using grease or oily substances you close the pores, and do not derive the same benefits.

DR. SEIP: I did not necessarily recommend the use of bacon, but you will find it in use on your arrival, and it does no harm to continue it. We know that hot lard is an excellent thing in suppurating mammary glands, and this is only a modified use of the same kind of substance.

DR. CHILDS: The trocar and canula answer an excellent purpose, where it is necessary to open tonsillar abscesses and a satisfactory view of the parts cannot be obtained.

T. M. S.

### EXPERIENCE IN THE TREATMENT OF CARBUNCLE.

BY S. A. SYLVESTER, M.D., NEWTON CENTRE, MASS.

(Read before the Mass. Surg. and Gynecol. Society, Boston, Mass.)

MR. L. C., aged 30, a Boston merchant, usually enjoying excellent health, called December 18th, 1879, with a small carbuncle on his neck, a little to the right of the median line, and just below the margin of the hairy scalp. It was not very painful, but hard and red. I advised a poultice, and requested to be shown the neck again in twenty-four hours. He did not report until the second day, when I was called to his house, found the redness and hardness had increased very much, and the centre was somewhat cribriform. With a fine splinter I carried Carbolic acid into the sloughing tissue through these openings, and continued the poultice. The integument broke down, the centre softened and gradually discharged, while the shreds and firmer parts were removed with forceps and scissors as fast as disintegrated. In a week from the time I first saw the case, the cavity resulting from the destruction of tissue was about two inches in diameter and at the centre nearly as deep. The margin looked well, the patient experienced but little pain, had no fever or headache, slept well, and had a good appetite. The next day I was surprised to find a hardness developing on the neck, the centre of which was about two inches to the left of the edge of the first carbuncle. This, in twenty-four hours, assumed threatening proportions, sending red streaks nearly to the ramus of the left jaw. The swelling was so extensive as to nearly fill the space between the occiput and the left shoulder and the vertebra prominens. The skin was dark red and the whole part very hard. The next day Dr. Jernegan was called at my request; he passed a probe into the opening of the first carbuncle, along through the sloughing mass to the left, nearly to a point below the left ear before any sensation was felt by the patient. Pushing his investigation in other directions he ascertained that the destruction of tissue was quite extensive. He decided to etherize the patient and make an opening at the inferior margin of the inflamed mass, carrying the incision a distance of about two inches in length, and to the bottom of the disorgan-

izing tissue, which was then thoroughly swabbed with strong Carbolic acid two or three times daily, and a poultice, dressed with fluid extract of Hydrastis, was applied. The destruction of tissue did not spread farther, but the sloughs were quite extensive, and the discharges were, of course, profuse, and continued for many days. At one time the temperature was sufficient to liquefy the oil of the adipose tissue, which flowed off with the pus. To my surprise the integument covering the tissue involved remained intact, the discharges escaping through the incisions and the opening of the first carbuncle. The case progressed finely from this time until the cavities were nearly filled with healthy granulations, when another point, similar to the first only more flat, appeared about two inches to the right of the first, and corresponded well as to location with the second, only a little nearer the scapula. This increasing in extent and hardness, Dr. Jernegean advised painting the inflamed surface a number of times with Acetic Cantharidal Vesicant, then covering with rubber gauze and awaiting further developments. A blister soon formed, and with it the drawing pain left the deep cervical tissues; the stinging was superficial, the hardness disappeared, and in four or five days the parts became soft and nearly natural, with the exception of the loss of the epidermis, the fine hair upon the parts being left uninjured. One other attempt was made to develop a carbuncle, which was served in the same way; and next came an ordinary abscess on the fleshy part of the cheek, which was poulticed three or four days, when it discharged. Since that time, seven months ago, he has enjoyed excellent health, weighing 175 pounds instead of 140 to 150 as before. The medical treatment included Bell., Arsen., Lach., Verat. v., Hepar, China, and Silicea. The features of interest to me in the case are: 1st. The extent and rapidity of development of the second carbuncle. 2d. The slight amount of suffering experienced by the patient. 3d. The freedom from fever, headache, gastric disturbance, loss of sleep, and constitutional signs generally. 4th. Melting of the adipose tissue, and the oil in the discharges. 5th. The number of sores developed in so young and healthy a man. 6th. The immediate relief from pain, and the successful issue following the use of the Vesicant. 7th. The robust state of health enjoyed by the patient since the attack. 8th. His cheerful and prompt payment of my bill.

I discharged two cases recently with a record as follows: Mr. W., aged 50, an American; school and church janitor; industrious and temperate. I was called July 30th; he showed



me an ugly-looking sore on the right side over the lower ribs, about midway and on a line between the axilla and the crest of the ilium. Patient said that he first noticed a tender hard spot nearly a week since, that it developed slowly, becoming more and more painful. His next neighbor, an allopathic physician, pronounced it a carbuncle, and said he would "fix it in a minute." Accordingly he drew his lancet, and with various sweeps he laid it open, then ordered a poultice, and wisely remarked that he had "finished that one." The patient was somewhat surprised at the proceeding, but was more disappointed as he found that his suffering was but begun, as instead of subsiding, the pain and inflammation developed rapidly; he grew feverish, with dry, hot skin, quick pulse, was thirsty, sleepless, with coated tongue, loss of appetite, etc.; and to add to his trials another sore began near the lower extremity of the scapula, being a few inches above and posterior to the first. The second invader had progressed so far, when I first saw the case, that I did not think it best to apply the Vesicant, but have regretted since that I withheld it, as undoubtedly it would have terminated the case with much less suffering than was experienced, for the sloughing of both sores was quite extensive; still the repair followed so well that in three weeks from the time of being called I discharged the patient well. The medicines used first for the angry, bright-red, indurated appearance of the inflamed parts, with the dry, hot skin, quick pulse, thirst, restless state.—Acon. and Bell.—produced in a few hours a marked benefit; this was followed by Arsen. for one day, then Sach. was given until the case was discharged. The features of interest to me in this case were the uselessness of, and the aggravation caused by, the early incision, the immediate improvement of symptoms, both local and general, from the use of Acon. and Bell., and the evident benefit from the use of the Lachesis.

My next case was a daughter of the above patient; married, aged 30, healthy. A week previous to her father's recovery she felt pain in the right forearm, which was followed by induration and redness of the flesh about the middle of the extensor surface; the pain streaked to the axilla and to the finger ends; the whole forearm, elbow, and fingers were swollen and hard; the patient was feverish, nauseated, nervous, and sleepless. I gave Acon. and Bell., ordered a poultice for a day or two, then noticed at the centre of the hardness a number of small, round openings in the skin under which was a green, dry-looking slough. I decided to apply the Vesicant, and

covered a spot as large as a silver dollar; with the filling of the blister the deep pain subsided, the hardness disappeared from around the centre, the elbow and fingers became natural and movable, the stinging sensation in the bone was gone, and she ate and slept well. Feeling so well, the next day she began using the hand. This brought on a return of most of her symptoms, and I again painted the same surface as before, and she was relieved of pain, and the extending inflammation was again restricted to the site of the blister. The next day I was able with the forceps to lift a slough from the arm, in size and shape very much like a large chestnut, leaving a clean, healthy cavity, which quickly filled with granulations, and in one week from the time I first saw the arm I discharged the case nearly as well as ever, and she has had no further trouble. The point made in this case was that the Vesicant speedily relieved the pain, and matured in a few hours what often requires weeks of suffering with extensive loss of tissue, strength, and health.

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#### THE CLIMATE OF NEW MEXICO.

BY ANNA WARREN, M.D., EMPORIA, KANSAS.

THERE is no remedial agent prescribed by physicians with so little judgment and so indiscriminately as climate. Nine out of ten times they are about as correct in this as was that fashionable M.D. of London who prescribed "change of air" for mental depression, when called upon for relief by a special correspondent who had just completed professional journeys of over 17,000 miles.

We know that all diseases are more or less modified by locality, and we attribute amelioration or deterioration to the physical conditions belonging to each locality. That in change of climatic conditions we sometimes find an efficient remedy when all else has failed, no one can doubt; but that this has come about by chance, rather than an accurate knowledge of the conditions required, is equally true. It is the physician's duty who prescribes change of air for his patient, to understand thoroughly the invalid's constitution and temperament, and his mental and physical condition, and to select the locality where sanative influence is best adapted to his needs, whether this change of locality be a distance of only half a mile or thousands of miles, or from one part of a house to another. There should be no more guesswork here than in prescribing any other remedy. In my experience in climate hunting and studying during the last dozen years, I have learned how little

knowledge physicians in general display on this subject. I have seen many an invalid who had been sent abroad for climatal benefit who could with as much justice sue his doctor for malpractice as though he had, through ignorance and carelessness, maimed him for life. A case in point. A New York physician lost a patient, the father of a family, with hæmorrhagic phthisis. He said to the mother: "To save your children you must change climates; take them to Colorado." The daughter, the eldest, though a delicate girl, showed no sign of developed disease when taken to Colorado Springs. She had been there but a short time when she was attacked with pulmonary hæmorrhage; a second attack following close upon the first, she failed rapidly, and was taken home, where she died shortly afterwards. Still the doctor insisted that Colorado was the place for the remaining children. They were taken there, and they also were attacked with hæmorrhage; when the mother was asked why she remained there with them, she replied: "My physician thinks it is the best place for them." Those children, under favorable circumstances, probably never would have developed their father's disease, but the highly electrical rarefied atmosphere of Colorado cut their young lives short. Every physician ought to know that such a climate is always detrimental to hæmorrhagic patients. In passing I will say I have found the climate of Colorado more detrimental than otherwise to consumptives. New Mexico has a much lower ratio of respiratory diseases, perhaps the lowest to be found in any part of the United States.

I propose to give, as far as my observation has gone, the defects as well as the beauties of that climate. There has been much written of late about the climate of New Mexico, both for and against it. I have visited that Territory several times during the past two years, and spent some time there at different seasons, and I am favorably impressed with the climate as one to which invalids suffering from pulmonary phthisis might resort with a great deal of benefit, the dry atmosphere arresting the progress of the disease. A few items regarding the topography of the Territory will be necessary to enable one to fully understand the diversity of the climate.

New Mexico is composed of mountain ranges, high, level plateaus, narrow valleys, and swiftly running streams. The general altitude of the mountain chain is between six and eight thousand feet. The table-lands range from an altitude of five thousand feet in the south to seven thousand feet in the north. The soil is sandy, and in many parts covered with alkaline salts,



especially gypsum ; where the alkali is absent, the uplands, valleys and hillsides are covered with indigenous grasses ; these grasses do not decay here as they do in a more humid region. There is little or no timber on the lower table-lands, while in the higher are vast forests of pine. The mountain regions are full of beautiful little valleys, through which the mountain streams discharge their waters. The valley of the Rio Grande is a vast bed of sandy loam saturated with water to the level of the surface of the river, whose banks are very low ; this saturated condition of the soil is not attended with the evils arising from a soil having a high saturation-level where the atmosphere is moist, where every fluctuation of ground-water has its attendant diseases. This may be due to the slight variation in the rise and fall of the river usually, but during the years 1878 and 1879 there was but little water in the river-bed, owing to the scarcity of rainfall or rather snowfall in the mountains ; thus malarial fevers prevailed, and were very fatal. This had not occurred before for twenty years, and this prevalence of intermittents was no doubt due to the unusual fall of the ground-water line. The rainfalls occurring principally in July and August, seldom exceed a few inches. The amount of snow that falls is slight and remains on the ground but a few hours.

The climate varies of course according to locality and altitude. The two most marked general features are the dryness and the highly-charged electrical condition of the atmosphere. The air is beautifully clear ; Italian skies will scarce surpass those of New Mexico. The two most marked disagreeable features are the wind and its accompanying dust and sand. The high winds are more prevalent in spring and fall. The worst feature of the climate for the invalid is this dust and sand-laden wind, yet this is really more disagreeable than harmful. Then, this can be avoided to a great extent by getting away from the larger valleys and towns into the little sheltered valleys amongst the hills, where most delicious water is supplied by the mountain streams, and the magnificent scenery furnishes delight to the eye. There the invalid can be out of doors the greater part of the year in a dry, bracing atmosphere. I refer to the southern valleys. The summers in these valleys are very warm, but the dryness of the air moderates the effects of the heat here as well as of the cold in the northern parts and higher altitudes. When the thermometer is at  $110^{\circ}$  here, the heat is not so oppressive as it is in the Atlantic States at  $90^{\circ}$ . At Santa Fe, seven thousand feet above the level of the sea, the summers are delightfully cool

and bracing, and the mercury seldom goes below zero in winter. The coldness of the air is a pleasure rather than pain. The snowfall is light; indeed snow seldom falls in the southern valleys. The winters are mild. When the thermometer ranges highest in summer the nights are pleasantly cool. The Misilla Valley, the southern part of the valley of the Rio Grande, I think the most favorable for phthisical patients; it has several advantages not often found combined,—moderate altitude, mild temperature, and dry atmosphere. The finest fruits grow here in abundance, especially grapes. There is a lack of good water, but this is being remedied by artesian wells. There are in this valley several groups of thermal springs that are becoming noted for their medicinal virtues, especially in rheumatism and venereal diseases. The thermal springs of New Mexico will, in time, rival those of Austria. It is said those of Las Vegas compare favorably with those of Carlsbad. The climate of Las Vegas is not favorable for a winter resort, owing to its altitude, which is sixty-two hundred feet; then, too, it is so located as to be a prey to the fiercest winds. The soil being impregnated with alkaline salts, there is alkali dust to breathe, to taste, to smell, and to feel. This, strange to say, does not seem to act as an irritant on the respiratory tract. The summers at Las Vegas are all that could be desired,—no wind and dust, nor extreme heat.

Invalids on going to New Mexico should spend their summers at Las Vegas, Santa Fe, or some similar elevation, and their winters in the southern valleys. I give this only as a general rule; the nature of the disease should of course be considered. Patients with heart disease, nervous difficulties, or in an advanced stage of consumption, those with a well-marked hæmorrhagic diathesis should not resort to the mountain regions or higher valleys; while those suffering from hepatic disorders and derangements caused by malaria, asthma, dyspepsia and general debility would be benefited by the higher altitude and light, dry air. The reason for this can readily be seen when one takes into consideration the pathology of these diseases and the effect removal of atmospheric pressure has, and the increase in the circulation made necessary by the thinness of the air. We do not want this extra work on a crippled heart and weakened circulation, nor this light, highly electrical atmosphere for nerves already too excitable and irritable, nor the raising of a floodgate that would keep back a flow of blood by removing atmospheric pressure; while all this is what would benefit the other class of diseases mentioned. Almost

every one loses flesh on first going to the higher altitudes; there is also a diminution in muscular force after a residence of a few months. Physical exertion exhausts more readily; mental labor is even more exhausting than physical; when severe mental labor is assiduously followed for any length of time the nervous system becomes irritable. Most persons after becoming acclimated do not experience these difficulties, but persons with nervous temperaments rarely ever become acclimated. Very few American women endure such a climate for any length of time without suffering from irritable nerves, and all that this implies, together with uterine diseases, and especially uterine hæmorrhage.

The features of the face of nature in the valleys of New Mexico are not very attractive. The Mexicans and Indians who have occupied the land are not peoples who improve nature much, therefore the invalid absent from home and friends finds but little in his surroundings to relieve home-sickness. But this difficulty will be obviated in time.

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#### LACERATION OF THE RIGHT SINUS OF THE LARYNX.

BY JOHN C. MORGAN, M.D., PHILADELPHIA.

ARNICA.—Mr. Z., a gentleman of fine physique, long employed in the counting-room of an iron-foundry, has, since the second year, been addicted to violent hawking and coughing and clearing out of phlegm every morning. He imagined he had phthisis, with consequent depressed spirits, despite all assurances to the contrary.

On November 10th, while engaged in his regular morning exercise, he spat some dark blood. Thorough exploration of the chest proved all parts perfect. Thereupon I resorted to a laryngoscopic examination. The mirror brought into complete view the larynx and some six rings of the trachea. No blood was visible, only a slight injection of the lining membrane.

By varying the position of the mirror, the "sinuses of the larynx" were revealed, but only with the aid of movements of the vocal apparatus, by sounding the vowels. This manœuvre separated the mucous folds at the bottom of the sinuses, and displayed very clearly a recent laceration on the right side, a quarter of an inch long, irregularly antero-posterior, with pale edges, and bluish tint beneath. The flow of blood had ceased, but here, undeniably, was its source, and thus the *cause* and the *remedy* became evident *through the diagnosis*.



I prescribed local rest and *Arnica*<sup>200</sup> three times a day. A few bloody sputa were injected during the ensuing two days, since which time there has been no further trouble.

December 18th, re-examined with laryngoscope. The site of the laceration is plainly visible as a red line, with two short anterior tributaries,—the natural appearance of a still recent cicatrix.

It is to be hoped that this accident will cure the long-indulged habit of "clearing up" in the morning; but the iron vapors may still reproduce it, and an antidote be required.

### FRACTURE OF THE SKULL, WITH HERNIA CEREBRI.

BY T. PRATT, M.D., MEDIA, PENNSYLVANIA.

(Read before the Homeopathic Society of Chester, Delaware and Montgomery counties.)

A CHILD five years old, on October 9th, 1879, while playing in the stable, received a kick from a horse in the right temporal region. I reached the scene of the accident in twenty minutes after the occurrence, and, at first sight, thought the child dead; but upon applying stimulants he revived slowly.

Upon making an examination I found an extensive depression in the locality where the blow was received, the scalp being cut through an inch in length over the site of fracture, there being present all the signs of compression and evidently complete detachment of a large portion of bone.

I summoned counsel, and we at once proceeded to effect an elevation of the depressed fragment of bone, which was accomplished without the use of the trephine, resulting in the removal entire of a fragment, composed of both tables,  $2\frac{1}{2}$  inches in length by 1 inch in breadth; the edges of the wound were kept in apposition by adhesive straps. Cold water dressings with Hamamelis tincture were applied, and the case progressed favorably for some time, although the use of the legs and right arm, as well as the power of speech, were entirely wanting. These functions gradually returned, however, after a period of several weeks. In the meantime there arose an additional trouble in the form of an abscess immediately below the wound, as a result of an accumulation of pus produced by the sloughing of the membranes, notwithstanding every means was adopted to secure the best possible drainage. I now applied poultices, and under their influence the abscess soon broke, and continued to discharge freely for a considerable time, when gradually a portion of brain-substance engaged in this latter opening, and by degrees forced its way through until

the portion exposed was of the size of a hen's egg. The poultices were continued, and suppuration continued very free. Finally, in about six weeks, the protruding portion began to lessen in size, by degrees, under the influence of gentle pressure. The healing of the wound in the scalp continued slowly until almost complete, when I observed signs of a remaining spicula of bone, which I removed, and found to be one inch in length by a half inch in breadth; after which the wound was soon entirely healed.

Although the mental faculties continued intact, there was a most inordinate appetite, the disposition to eat being only limited by the capacity of the stomach. There was also constant drivelling, which in fact still continues, giving to the child a somewhat idiotic appearance.

The tender age of the child of course precludes a conjecture as to how the mental faculties may develop, but so far the understanding seems to be perfect.

In regard to the medical treatment, *Arn.*, *Acon.*, and *Bell.*, met the earliest indications; the latter, especially, for a profound drowsiness, which continued several days afterwards. *Cale. phos.*, *Sil.*, and *Hepar* were given at intervals, according to indications during the treatment, which required about sixteen weeks.

This case is reported especially to show the method of repair in similar cases, and to furnish ground upon which to base a prognosis, since this especial complication is of rather rare occurrence in cured cases.

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## THE MINERAL AND THERMAL WATERS OF COLORADO.

BY AMBROSE S. EVERETT, M.D., DENVER, COLORADO.

No State in the Union is so abundantly favored with mineral and thermal springs as Colorado. They burst from the mountain-side, and bubble from ravine and glen from the 37th to the 41st parallels of latitude, and from the eastern to the western slopes of our great mountain system. They are of all varieties,—hot, cold, sulphur, iron, soda, and so on. A quantitative analysis of only a few of these has as yet been made, while the number whose medicinal qualities have been tested upon disease is quite limited. It is therefore impossible to do justice to the curative properties of all of them in a paper of this length.

The best known and most thoroughly understood are the soda and iron springs, hot and cold, of Manitou, Idaho, and

Cañon City. These have drawn large numbers of people from abroad. This is due mainly to liberal advertising, to the hotel accommodations, to their proximity to centres of population, and their facility of approach by railways and other lines of travel. Next come the Pagosa, Cottonwood, the Hot Springs of Wagon-wheel Gap, and the Hot Sulphur of Middle Park. The remoteness of these from railways and large towns has kept them in the background, but they can be made just as attractive and seem to possess as much merit as those at Manitou, Idaho, and Cañon City. All of these have come to be regarded as specifics for many diseases, and are said to have no superiors in curative qualities. When compared with the long and justly celebrated alkaline, sulphur, and Vichy Springs of Bladon, Alabama; the Seven Springs, iron and alum, of Massachusetts; the Capon Springs, of Virginia; the Saratoga, Clifton, and Avon Springs, of New York; the Sweet Springs, of Missouri; the Hot Sulphur Springs, of Arkansas; and the calciferous Waters of Waukesha, Wisconsin, it will be conceded, I think, that those of the Rocky Mountain region stand at the head of American mineral waters. Nor do the springs of this region suffer much when brought into comparison with the famous acidulated soda waters of the Apollinaris Springs, the Hunyadi János, or the chalybeate waters of St. Moritz, of Switzerland. Apollinaris water has acquired its reputation as a medicinal agent and beverage from the high proportion of free and semi-combined carbonic acid which it contains. This gives to it, when mixed with wine, sugar or fruit syrup, a pleasant flavor and strong effervescence. Almost all the springs of Colorado contain carbonic acid in large proportions in combination with soda, potash, magnesia, lithia, and iron; while some of them contain not only considerable free carbonic acid, but sulphuretted hydrogen gas also. The constituents upon which the therapeutic action of Hunyadi János water depends, are the sulphates of soda and magnesia. It is to the former of these constituents that Dr. Seegert, who is considered the authority on this subject, ascribes a specific action in the anomalies of nutrition. The therapeutic properties of all bitter waters depend largely upon the presence of both Glauber's and Epsom salts. It is true also that the free and semi-combined carbonic acid, which they all contain in varying proportions, is an important factor in augmenting their action. The Pagosa Spring, which is situated in the San Juan country, is almost as rich in the sulphate of soda as is the world-renowned Hunyadi water, while it at the same time contains considerable free carbonic acid and sulphuretted hydrogen gas.



The Hot Sulphur Springs of Middle Park, and the Hot Springs of Idaho and Wagon-wheel Gap, must ultimately come into prominence in the treatment of syphilis, and supersede, to a greater or less extent, the famous Hot Springs of Arkansas. The Hot Springs of Colorado possess every advantage in point of climate over those of Arkansas, while there is every reason to believe that their waters are equally beneficial in the relief and cure of this scourge of the human race. The springs of Colorado all have an elevation of six or eight thousand feet above sea-level, and are far removed from the damp atmosphere, chilling winds, and malarial emanations of a low, damp district, such as that in which the Arkansas springs are situated. *Here* the invalid breathes a dry, light, and invigorating atmosphere, and basks in perpetual sunshine. *There* he breathes a damp, malarious, depressing and enervating atmosphere, and may safely count on two or three cloudy days a week. The electricity which our atmosphere contains quickens the appetite, sharpens the digestion, makes the sleep sound, gives elasticity to both body and mind, sweeps away any and all lurking ailments, and calls the enjoyable in each individual into the fullest action. Here the invalid finds a land where malaria never comes, and where he may revel in the very intoxication of good health.

*Manitou* is a small village, lying in a valley at the foot of Pike's Peak, at an elevation of 6370 feet. It is six miles west of Colorado Springs and seventy miles south of Denver. The hills surround it on three sides, and its feet are kissed by a small stream, Fountain Creek, which finds its way from the mountain by the Ute Pass and flows on through the valley. There are six springs here: the Shoshone, Navajoe, Manitou, Ute Soda, Iron Ute, and Little Chief. For aught we know the medicinal virtues of these waters have been known for centuries by the Rocky Mountain Indians: at least before these springs were known by the whites, the Indians used to bring hither their sick and afflicted to drink and to bathe. As the aborigines found relief here, they supposed that the waters possessed supernatural power, and so called them "*Manitou*" or "*Great Spirit*." The waters of these springs are muriated alkaline, acidulous alkaline, chalybeate alkaline, and aperient. To the first class belong the Shoshone and Navajoe; to the second, Manitou and Ute Soda; to the third, the Iron Ute; and to the fourth, the Little Chief. Both the muriated and acidulous alkaline waters have been highly praised for their agency in the relief and cure of old kidney and liver troubles. The

chalybeate alkaline waters have acquired considerable notoriety for the cure of chronic alcoholism and uterine derangements. Manitou is justly popular with the invalid and tourist by reason of its dry, bracing atmosphere and its proximity to the ascent of Pike's Peak, to the world-renowned Garden of the Gods, the far-famed Glen Eyrie, Monmouth Park, Cheyenne Cañon and Ute Pass.

*Idaho Springs* lie west of Denver thirty-five miles and have an elevation of 7700 feet. They are situated in Clear Creek Cañon, one of the grandest gorges of the Rocky Mountains. Here are found hot soda springs, both public and private mineral baths, and comfortable hotel accommodations. Their popularity arises from their accessibility by rail, their contiguity to the heated plains, their tonic atmosphere, and the unsurpassed quality of their mineral waters.

*Cañon City* is in the Arkansas Valley, forty miles west of Pueblo, one hundred and sixty from Denver, and has an elevation of 5287 feet. The mineral springs here are both hot and cold, and some of them are connected with bathing-houses. Those which have been improved are said to resemble Vichy in temperature and mineral constituents. The undeveloped springs here are sulphur, chalybeate, and soda. The city is well protected from the cold, harsh winds of the Snowy Range by lofty mountain peaks. Its winters are therefore mild and inviting. The only disagreeable features of a residence here are the alkaline dust storms with which the city is visited. These are produced by the currents of wind which are drawn down the adjacent cañon. We can readily understand the immense draft that there is here, when we are told that this cañon is several miles in length, and that its walls rise precipitously nearly 2000 feet. It forms one of the grandest scenes in Colorado, and was cut by the Arkansas River through mountains of solid rock.

*Pagosa Springs*, situated on the San Juan River, are some twenty-five miles from its head-waters. They are in South-western Colorado, east of Animas and west of Alamosa. They rank first among the mineral and thermal waters of this part of the State, if not of the whole country. They have recently been ceded to the United States government by the Indians, and the government has set them and the adjacent grounds apart as a reservation. The Indians held the medicinal powers of these waters in high estimation. We have five springs in this immediate locality, but their analyses indicate a common origin. The principal spring has a basin, formed

from its own deposits, chiefly carbonate of lime, seventy feet long, fifty feet wide, and from twenty to thirty feet thick. Here the water bubbles up at a temperature of  $140^{\circ}$  F., while the steam which rises from this group of springs on a clear, cold morning may be seen twenty miles away. They have an altitude of 7084 feet and are all favorably situated as to climate. The river bottom is very fertile and backed up by good grazing lands. The streams are full of fish, the hills and mountains abound in game, and in the near future these springs are destined to become a great resort. As I have already said, these springs are rich in sulphate of soda, and there can be no doubt that the purgative qualities of this salt are very much intensified by the high temperature of the water. If depletion is the thing sought, the invalid can get it here to his heart's content.

*Wagon-wheel Gap.*—On the Rio Grande, thirty-one miles west of Del Norte, we find the thermal waters of Wagon-wheel Gap. The springs are three in number, and are among the best in the State. With the people of the San Juan region they have acquired quite a reputation in aggravated forms of rheumatism and skin diseases. One spring is recommended for diseases of the kidneys, and another for liver complaints and general debility. One spring has a natural oval basin, seven by eleven feet, in which the water boils up at a temperature of  $150^{\circ}$  F. This is utilized for bathing purposes. The boarding accommodations are quite limited.

The *Cottonwood Springs*, twelve in number, are situated at Mahonville, at the mouth of Cottonwood Cañon. This cañon is some distance south of Granite, and in the neighborhood of Yale and Princeton Mountains. These springs are the Bethesda of Leadville; here many of her citizens have found relief from rheumatism and other diseases. The experience of several years goes to prove that these waters are highly beneficial for catarrh, rheumatism, dyspepsia, scrofulous affections, and lead poison absorbed while working in the smelters. The care and comfort of the invalid have been provided for in the erection of a suitable bath-house and a commodious hotel.

The *Hot Sulphur Springs of Middle Park* have been long and justly celebrated for their medicinal and healing virtues; and although remote from any railroad, they have, nevertheless, been extensively visited by stage from Georgetown. The road lies over the mountains through Berthoud Pass; is long, tedious and tiresome, and the traveller rises during the jour-



ney to an elevation of 11,380 feet above sea-level. When the Denver, Utah and Pacific Railway penetrates the Park these springs will become one of the most popular resorts in the State. They are situated on Grand River, and are six in number, which all unite to form one stream flowing into a common basin. The bath-house is built over this basin. The hotel accommodations are good, fishing and hunting unsurpassed, and it would be difficult to find a more delightful spot than Middle Park.

The *Ranch and River Springs* are in Estes Park, but as yet undeveloped. They are rich in bicarbonate of iron, and if properly improved would form powerful auxiliaries to the hygienic attractions of this delightful mountain resort. This form of iron is very easily assimilated, and is, by reason of this fact, especially indicated in anæmia and general debility.

*Morrison Springs* are at Morrison, some fifteen miles from Denver and just within the foot-hills. These are cold, sulphurous waters, and are beneficial in dyspepsia. There is a fine hotel here, kept open summer and winter. Its proximity to Denver makes Morrison a desirable home for invalids.

The *Seltzer Springs* are at Springdale, a small mining town in the mountains, nine miles from Boulder. They are accessible only by stage or private conveyance. The water is strongly impregnated with iron, is effervescent, has an agreeable taste, and affords relief to those afflicted with dyspepsia and chlorotic disorders. Invalids find here a comfortable hotel and commodious bath-house, with both hot and cold baths.

*Poncha Springs* are in Poncha Pass, at an elevation of 9000 feet, and sixty miles west of Cañon City. The waters of this collection of springs are both hot and cold, but the accommodations for invalids are quite limited. There are some thirteen hot springs here, with a temperature of 120° F., the waters of which flow into a natural basin. They are known to be sulphur and soda waters, although no analysis has as yet been made of them. When their therapeutic effects become known they will undoubtedly become a popular resort for Southwestern Colorado.

The *Chalk Creek Springs* are near the Arkansas River, about thirty miles north of Poncha Springs. In this group there are twelve hot springs of varying temperature, the hottest being 150° F. Here we find a clay or mud bath with a temperature of 130° F., similar to that at Hot Springs, Arkansas. The altitude is 8000 feet.

The *Iron Spring of Elbert* is in the Animas Valley, thirty miles south of Silverton. It bears a close resemblance to the Iron Ute of Manitou. *Penkerton's Spring*, the waters of which are alkaline, flowing into a natural basin cut from the alkaline deposit, are in this immediate locality. A cold soda spring, with an abundance of free carbonic acid, agreeable and refreshing to the taste, is also found in this group.

*Iron Lake*, a small body of cold, clear water, seventy feet in diameter and from ten to twenty feet deep, lies west of Silverton twelve miles, near Silverton Pass. It has a strong, chalybeate taste, and those who have drunk of it speak highly of its tonic and appetizing effect.

A group of six hot alkaline springs is found at Ouray. They have an altitude of 7300 feet and a temperature varying between 120° and 140° F. To these are attached a bath-house, with both plunge and shower baths. In this group we find also two cold springs feebly impregnated with sulphur, and one hot spring strongly impregnated with the same mineral. The hot spring is similar to those in Middle Park, has a temperature of 134° F., and gives off both sulphuretted hydrogen and carbonic acid gas. Ouray is situated at the confluence of the Uncompahgre and Cañon creeks. A warm chalybeate spring, with a temperature of 136° F., is also found here near the mouth of Cañon Creek. A spring of bitter water with a temperature of 130° F. is found a short distance up this creek; also a hot soda spring with a temperature of 158° F.

The *Ouray Mineral Springs* are in Uncompahgre Park, nine miles north of the village of Ouray. These waters are held in great veneration by the Indians from the cures they have produced among the sick of their tribes. Their temperature varies from 120° to 140° F. Their chief constituent is the sulphate of soda. Warm springs, rich in oxide of iron and surrounded by a deposit of iron in this form, are situated just above the mouth of Dallas Fork. The name Uncompahgre, "Red-water Spring," is derived from this spring.

The *Parnassus Springs* are twelve miles southwest of Pueblo and among the foot-hills of Greenhorn Mountains. They are muriated alkaline waters, and have been used with much benefit in gastric troubles.

*Carlisle Springs* are on the Arkansas River, twenty miles above Pueblo. Beyond the fact that their waters are alkaline and purgative, nothing is known of them, for the springs are unimproved.

*Potter Springs* are in North Denver; their waters are sulphurous chalybeate.

## SCARLATINA, WITH DELAYED ERUPTION.

BY E. P. SWIFT, M.D., MILLBROOK, N. Y.

S. L., æt. eighteen months, of rather sanguine temperament, previously strong and healthy, was attacked suddenly after but slight if any premonitory symptoms, with manifest febrile signs and drowsiness, contrasting strongly with his recent cheery disposition.

Within an hour after the first symptoms were noticed the temperature had reached  $102\frac{1}{2}^{\circ}$ ; pulse, 135. The face was flushed, tongue coated white with red tip and edges, fauces and uvula bright red, with some apparent difficulty in swallowing.

The surface was hot but slightly moist.

These symptoms, in connection with the fact of his exposure to the disease ten days before, led me with little hesitation to the diagnosis of scarlatina. *R. Bell.*

On the following day I was somewhat surprised to find my little patient running about the room in which he had been duly quarantined, too lively to be kept in bed, exhibiting no sign of eruption, and a temperature which had declined to  $101\frac{3}{4}^{\circ}$ , with corresponding decrease in pulse-rate.

Twenty-four hours later there seemed to be a still further improvement, and although he had passed a somewhat restless night, the thermometer registered but  $101^{\circ}$ ; no eruption could be detected, and the tongue was cleaner, with little if any difficulty in swallowing.

Notwithstanding the doubts of the parents I persisted in maintaining the original diagnosis, which I had the satisfaction of finding verified on the following day by the appearance of glandular swellings, and the commencement of an otorrhœa affecting the right ear.

A history of slight tendency to scrofulous affections in the mother's family, and the full habit and light complexion of the child guided me in the prescription of *Calc. ost.*<sup>6</sup>; the affected ear to be kept cleansed by frequent syringing.

The patient's condition, after this, underwent little change for several days; the temperature ranging from  $100^{\circ}$  to  $101^{\circ}$ ; appetite fair, and no other complications existing.

On the morning of the 12th day an eruption was noticed, appearing first upon the neck and face, spreading thence gradually over the entire body.

A puffed appearance of the face, particularly of the eyelids, led me to change my prescription to *Apis*, which, how-



ever, was discontinued on the following day upon the disappearance of the œdema.

In twenty-four hours the eruption had reached its height, manifested all the characteristics of an ordinary light case of scarlatinal erythema, but unaccompanied by any increase of temperature or other aggravated symptom. Indeed, there seemed to be an alleviation of them all, and when after two days, the eruption had almost disappeared (characteristically from the neck and face first), the thermometer registered a temperature of but  $98\frac{3}{4}^{\circ}$ .

Under the successive administration of *Cale.* and *Merc.* and the continued use of the syringe the glandular and aural affections are gradually passing away.

The chief interest of the case lies, of course, in the fact of the late appearance of the normal eruption, unaccompanied by increased febrile phenomena.

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#### STRANGULATED HERNIA RELIEVED BY TAXIS.

BY J. G. STREETS, M.D., BRIDGETON, N. J.

(Read before the West Jersey Homœopathic Medical Society.)

I HAVE thought the following case worthy of being brought to the notice of the society as illustrative of how severe cases of strangulated hernia may sometimes be relieved without recourse to herniotomy:

In the early morning of July 8th, 1879, I was summoned to see Mrs. Mina S., whom I found very ill with abdominal pains and vomiting. I ascertained that she had been engaged in washing the day previous, and late in the afternoon, while lifting a tubful of water, she suddenly felt a severe pain in the abdomen and groin, which, to use her own expression, "took all her strength away," and she had to be carried to bed. Vomiting soon afterward began and continued through the night. Upon examination I discovered a tumor, of the size of a pigeon's egg, situated below Poupart's ligament, a little below and to the outer side of the spine of the pubes, which was tense and painful, but still bearing handling pretty well. Diagnosing strangulated femoral hernia, I made patient efforts to reduce it, but failed.

The patient complaining very much of frequent and ineffectual desire to evacuate her bowels, I gave her a few drops of the first decimal dilution of *Nux vomica*, ordered an enema of warm soapsuds to be administered, and left her. In the

afternoon I again visited her. The symptoms appeared less urgent, the enema having caused the evacuation of considerable fecal matter. The sickness of stomach had even still continued, and was quite distressing, the vomited substance being very bitter. I gave *Veratrum album*<sup>1x</sup> in alternation with the *Nux vomica*, and made no further attempts to reduce the hernia until late in the evening, and then with no better success than at my first attempt.

Early next morning I was again called from my bed by the husband, who told me his wife had been taken much worse in the latter part of the night, and was now vomiting "stinking stuff." Found the condition of my patient very critical, indeed. Stercoraceous vomiting, increased pain in the abdomen and also in the tumor; pulse hard and frequent; great restlessness. The outlines of the inflated and agitated intestines were plainly visible.

Raising the hips by means of folded bed-quilts, flexing the leg upon the abdomen and rotating it inward, I gave it to her husband to hold steadily, and for an hour made patient efforts at the taxis, but without avail, the tumor remaining hard, tense and unyielding. I gave her *Aconite* and *Opium* in the first decimal dilution, alternately every fifteen minutes. Folding a piece of flannel, I laid it over the tumor and placed a lump of ice upon it. About noon I saw my patient again; her condition was now extreme, and it was evident that an operation could no longer be postponed. I informed her husband of this conclusion, but before sending for assistance we placed her in position and tried the taxis again. After a little manipulation I thought I felt the tension of the tumor diminish, and soon a slight gurgling announced that reduction was accomplished. Copious evacuations from the bowels followed, the vomiting ceased at once and the patient rapidly recovered from her exhausted condition. In a few days she was able to be about, wearing a properly fitting truss.

She informed me that about a year before, while carrying a heavy barrel from the cellar of her house, she experienced considerable pain in the groin, and a hard lump appeared there, from which she suffered a good deal, and which did not disappear when she laid down. Subsequently it all went away and she had no further trouble with it until the present attack.

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## NEURAL ANALYSIS.

## THE ELECTROMOTORIAL TEST FOR HIGH POTENCIES.

BY B. FINCKE, M.D., BROOKLYN, N. Y.

THE instrument of precision used for this test is a galvanometer of the following description :

4500 feet of copper wire, No. 34, covered with silk and shellac-varnish, have been used for two spirals, the one containing 5700, the other 6000 windings. The two skeletons upon which the spirals are wound are of equal dimensions, and have a vertical and horizontal play-room of  $\frac{1}{8}$  inch breadth and  $1\frac{1}{4}$  inches in length. These two spirals, then, have been set upon each other, the lesser upon the greater. To give to the instrument the highest capacity, the ends of the wire which come from the inside, have been connected, and the ends from the outside are left free for the battery.

The astatic needle for these spirals is constructed of two magnetized sewing needles, No. 12, stuck into a thin, straight stick of wood at right angles to its long axis, and with reversed poles, at a distance of  $1\frac{3}{16}$  inches from each other. At the upper end of the stick an index of whalebone is inserted in the same plane with the needles. This double needle, then, is hung upon a silk fibre, fastened above and inserted into the double coil, so that one needle plays in the upper and the other in the lower coil, whilst the index shows the movements on a dial, graduated to degrees of a circle, above.

The battery consists of one piece of tin foil  $\frac{3}{4}$  inch square for the positive, and one of platina foil of same size for the negative pole. They are mounted each on a thin board  $1\frac{1}{2}$  inches square by  $\frac{1}{8}$  inch in thickness, with a piece of cork  $\frac{1}{8}$  inch thick between, from the centre of which a square of  $\frac{3}{8}$  inch has been removed. The whole is held together by a rubber ring and placed in a shallow porcelain cup filled with common water. To the poles have been attached platinum wires, which then are connected with the copper wire ends from the spirals, so that the water in which the battery is immersed cannot touch the copper. If now the circuit is closed, the needle standing at  $45^\circ$  east, with the coil directed north, there is a deflection of  $45^\circ$  east +  $200^\circ$  west =  $245^\circ$  west.

Now, for the purpose of making this instrument of precision available for physiological experiments, the wire from the negative pole is severed, and the two ends are provided with platina wire, to each of which a piece of platinum foil, about  $\frac{3}{4}$  inch square, is attached. These two ends are placed



at the bottom of two saucers standing side by side and filled with water to about  $\frac{1}{4}$  inch deep, so that the copper wire attached to the platinum wire cannot reach the water.

As soon as the human body is interposed in the circuit, the needle gives a deflection which indicates the present conducting capacity of the nervous system. This intercalation of the body is established by putting first one, then the other tip of the forefingers vertically upon the bottom of each saucer. After the extent of deflection, which takes place immediately, is reached, the fingers are withdrawn and the observation is noted. In three minutes the needle comes to rest, and another observation can be taken.

These observations on the healthy subject show that the deflection increases with the vigor of the body, by exercise, working, thinking intently, feeling intensely during digestion, from high temperature, and that it decreases with weakness of the body, immediately after sleep, after fatigue, mental and bodily, from dulness, laziness, hunger, low temperature.

That the nervous system is the channel by which the slight electric current runs through the body instantaneously, seems to be indicated by the fact that mere mental commotion by thinking and feeling produces larger deflections.

When the state of the body is known by steady deflections, repeated several times, the action of a medicine can be perceived after taking it on the tongue, by the change of the deflections. It seems to take place immediately after the globules have melted on the tongue. This mode of suscepcion of the medicine is preferred to that of inhaling, because inhalation by itself gives already a greater deflection.

The following is an observation taken May 7th on myself, in good health, when the street was quiet and no commotion of the ground disturbed the needle:

A.M.	9.15	deflection west	57°	
"	9.25	"	57°	
"	11.	"	62°	
"	11.17	"	62°	
"	11.18	took Camphora 90m. Fincke, on the tongue, about a dozen globules.		
"	11.21	deflection west	84°	
"	11.30	"	80°	
"	11.34	"	87°	
"	11.42	"	77°	
"	11.48	"	85°	getting hungry.
"	11.53	"	83°	
"	12.	"	86°	
P.M.,	12.08	"	88°	

The deflections towards noon get less, on account of the fa-

tigue and hunger, but it was not so this time after Camphor. But there is some humming in the head, the skin becomes moist, as if a sweat would break out, which did not. Hands a little trembling. Pressure in occiput. Pulse 72.

P.M., 12.13 deflection west  $84^{\circ}$

Then I took my dinner with a cup of Maracaibo coffee on top of it.

P.M., 1.03 deflection west  $92^{\circ}$   
 " 1.06 " "  $80^{\circ}$  inclination to stool.  
 " 1.09 " "  $87^{\circ}$

Took a nap, which was unsatisfactory.

P.M., 2.15 deflection west  $73^{\circ}$  after waking up.  
 " 3.27 " "  $87^{\circ}$   
 " 3.50 " "  $87^{\circ}$

Went to New York by elevated road; walked in the Central Park, and came home tired and hungry.

P.M., 8.45 deflection west  $84^{\circ}$

After tea took my Newfoundland out for a walk. On coming home,

P.M., 9.50 deflection west  $94^{\circ}$

Went to bed and took a dose of Acon.<sup>9</sup> (F), for irritation to cough.

The next morning after rising

A.M., 6.06 deflection west  $56^{\circ}$   
 " 6.10 " "  $60^{\circ}$

After taking Caro out before breakfast, 7, deflection west  $47^{\circ}$ .

The deflection of the battery alone was still the same as yesterday,  $245^{\circ}$ .

These observations will be multiplied. As far as experience goes, this test confirms the results gained by Professor G. Jaeger by his ingenious application of Hipp's chronoscope to the body under the influence of homœopathic potencies. They differ, however, in the important point that the alcohol of the potencies in liquid form has been got rid of, and that the electromotorial test allows to take observations of small quantities, which do not so easily form sources of error as larger ones. If, however, Professor Jaeger, with his own sensitive nature and that of his gifted pupils, would try the globules on his method, he would no doubt get as distinct results as with the tinctures. For it is, after all, the great sensitiveness of the human body which gives the visible result by means of the mechanical instrument of such wonderful capacity as that of Mr. Hipp.

The discovery of neural analysis by Professor G. Jaeger cannot be too highly estimated, and the test here offered, if followed up by careful investigation, will be a complement of it.

### Miscellaneous Contributions.

#### THE INSANE ASYLUM OF CAMDEN COUNTY, N. J.

BY S. H. QUINT, M.D., CAMDEN, N. J.

THE history of the Camden County Insane Asylum at Blackwoodtown, during the first year of its existence, forms a part of the homœopathic annals of New Jersey, and ought to be included in our medical records. I therefore prepare this brief sketch in response to more than one application, that my relations to the Asylum as its superintendent may be fully understood.

On January 17th, 1879, I was elected resident physician and superintendent of the Asylum *for one year*, the salary to be at the rate of \$300 per annum, until the annual meeting in May, after which the salary was to be increased for the balance of the year. This rate of salary was named and accepted because, as Director Nicholson explained in substance, the board was "unable to pay more until after the new annual appropriations were made," when the salary would be increased to a respectable amount; and because one of the applicants, Dr. J. J. Comfort, had offered to take charge of the Asylum at that rate, and furthermore had agreed to include his wife's services as matron for the same.

On the 30th of May, 1879, the committee went through the form of re-electing me to the same position *for a period of four months*. This action was in violation of the contract, and moreover was taken without my consent or knowledge, and no notification of this re-election was ever sent to me. Then on the 22d day of August following, I was informed that the committee had elected Dr. Comfort to succeed me, "upon the expiration of my term, September 30th." The committee claimed the right to do this by the terms of the contract. I have never been allowed to see this contract since the day it was signed, and as it is now said *to contain terms which I never could have agreed to, I am at liberty to draw my own conclusions as to the paper which Director Nicholson has since retained in his own care*. There were other evidences of "crookedness" in this business, not the least of which was the care with which



the director, at the meeting in May, appointed on the Asylum committee only those whose votes he knew could be used against the resident physician, there being but a single exception in the entire committee.

In the *Philadelphia Times* of January 9th, 1881, Director Nicholson speaking of the Asylum is reported as saying: "First, a homœopathic physician was employed and he neglected his duties; he was discharged and Dr. Comfort elected." Mr. Nicholson himself knows the statement, thus attributed to him, to be untrue, yet thus far he has not contradicted it; he is fully aware that neither the minutes of the committee nor those of the board show any record even of *charges*, much less of proofs of neglect or incompetency, or indeed of anything else derogatory to my character or ability. It is true that Mr. Nicholson himself tried, at a meeting of the board in September, to convey the false impression that there was something wrong in the management, but even he did not have the temerity to bring a distinct charge against me; while on the other hand Mr. Hallock of the same committee distinctly declared that "the institution was well managed, and that no person could go there and find fault." (See *Camden Democrat*, September 20th, 1879.) This direct testimony was supplemented by similar assertions from Messrs. Severns, Haines, and Baird, members of the board; by the consulting physicians, Drs. Middleton and Andrews; by Drs. Shivers and Williams, of Haddonfield; McGeorge, of Woodbury; Johnson, of Berlin; Bryant, Howard and Griffith, of Camden: all of whom were frequent visitors at the institution; and by a large number of non-professional people, who took sufficient interest in the Asylum to investigate its management, and by the friends and relatives of those under my treatment there. As against such testimony, any statement that such a man as Director Nicholson might choose to make, would, of course, have no weight whatever in the minds of intelligent people.

Perhaps the shallowest of all the pretexts trumped up by the director above named, in order to secure his own personal ends, is to be found in his remark to the board, that "under the present" (homœopathic) "management the institution is barred from the experience of all similar institutions, excepting one in the United States, and that is more expensive per capita than any we have figures of. The scientific knowledge obtained by these institutions should be valuable in the management of ours. . . . It would not be right for your committee to allow the experience of years in the management of these insti-

tutions to go for naught in ours, when successful ones, as the Trenton State Lunatic Asylum and Kirkbride's Hospital for the Insane open wide their doors to obtain from them the latest and most approved manner of treatment through the election of the superintendent your committee have elected to fill the place of Dr. Quint at the expiration of his term." (*Camden Democrat*, September 20th, 1879.) Of course my readers will not need to be told that Mr. Nicholson did not evolve this piece of profound wisdom from his own inner consciousness. Its allopathic professional origin is sufficiently apparent. The falsehood contained in it is answered by the statement which I made at the time to the effect that expert counsel and assistance had been tendered me from the Trenton State Asylum, from the New Asylum at Morristown, and from a New York State asylum.

One other matter I must mention here, in which Director Nicholson will find it a difficult task to clear himself of the charge of deliberate fraud and dishonesty in his relations to the Board of Freeholders. He charged that I had contracted to furnish to the board monthly reports of the treatment of cases and of the sanitary condition of the institution, and that I had failed to make such reports. In reply to this I have to say first, that verbal reports of the character referred to were given at every meeting of the board, which averaged at least two per month. Secondly, that owing to the confusion incident to arranging the new hospital, and the time that elapsed from the time of signing the contract to the general reception of patients, and owing to Mr. Nicholson's neglect of his duty to furnish me with a copy of the contract, the clause requiring monthly reports escaped my memory. Mr. Nicholson knew of this rule, blamed me for violating it unconsciously, and yet *deliberately and knowingly became a participant in its violation* at every monthly meeting. If my failure was a fault, his was a crime, a crime against the institution, deliberately persisted in from month to month, in order that he might thus be enabled to commit a crime against me. I may be allowed to say, in passing, that the promises made by my successor and the Camden County (Allopathic) Medical Society (which by the way appointed a committee to have the homoeopath ousted), to furnish regular monthly reports of the hospital have never been fulfilled, at least I have never been able to obtain a sight of one of these reports.

If my failure can be charged against my administration of the medical affairs of the hospital, it is due entirely to a lack

of co-operation on the part of the committee. These men seemed to consider it their duty not to aid, but rather to harass and annoy me; and its chairman declared months before he succeeded in accomplishing his purpose, that he would yet succeed in obtaining my removal. So patent was the object that one member of the board, Mr. Gorman, said at one of their meetings that the members of the committee were probably selected with the object and for the purpose of ousting me.

I have said that no definite charges were made against me by the board or by the committee. I may add, however, that the director, Nicholson, *at the time of my removal*, presented some pretexts in the hope of justifying his own misconduct before the board. It is proper that I should notice these briefly.

First. He charges that a patient had epileptic fits, and that I could not control them. To this, Mr. Hallock, a member of the board, replied that the committee had failed to provide me with the necessary means wherewith to treat it.

Secondly. That a female patient was entirely nude, and had to be confined in a cell, as I was unable to keep clothes on her; that the steward of the Almshouse had formerly succeeded with her, but because of her exposure while under my care she took cold, and her limbs were paralyzed. These deliberate falsehoods were exposed by the fact that the woman was strong enough to tear up the strongest duck, that the "exposure" was incurred at the "old madhouse," before I had seen either her or the Asylum, and that she was no more disabled or paralyzed while in the hospital than before she entered it.

Thirdly. That a female inmate charged one of the employes with criminal intimacy with her, and that I retained the guilty party in the employ of the Asylum. To this falsehood Mr. Hallock read a letter from the woman, in which she said her charge against the attendant was untrue.

Fourthly. That under my management the Asylum was expensively conducted; to which it was shown by the figures in the minute-book that the charge was absolutely false, and that the expenses were really very low per capita.

It was said that I expended between seven and eight hundred dollars for drugs during the Asylum's first year. In reply I have to say, my drug bills during the eight months I had charge footed up \$284.55, so that the balance, if the amount above charged, viz., four or five hundred dollars, was really expended, must have been done during the *four* months of Dr. Comfort's allopathic administration.

A final word as to the "competency" of the "doctor" and his "practice." I quote from my final report: "It will be



seen that the percentage of recoveries to the whole number received is nearly 13 per cent.; but when you consider that over fifty of these were old patients, or those classed for years as 'chronic' or 'incurable,' and brought into our Asylum from the Trenton Asylum and the almshouses, the injustice of making such a comparison of the results of my treatment is obvious. If we take the number of 'new' or original cases, out of which the cures were nearly all made, we have a percentage of  $56\frac{1}{4}$  recoveries."

The animus of the entire transaction is apparent from the fact that the Camden County Medical Society is an allopathic institution, and that my successor, Dr. Comfort, is a near relative of Director Nicholson.

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#### INTERNATIONAL HOMŒOPATHIC CONVENTION.

36 SILLWOOD ROAD, BRIGHTON, ENGLAND,  
May 12th, 1881.

TO THE EDITORS OF THE "HAHNEMANNIAN MONTHLY."

GENTLEMEN: When the International Convention, now about to be held, was first planned, it was a serious question how to provide for the expense of publishing the *Transactions*. I wrote upon the subject to the lamented President of the first convention, Dr. Carroll Dunham, and the following is a portion of his reply:

"As to the question you put, concerning the means of meeting the cost of publishing the *Transactions* of 1881, I reply, without hesitation, that it would be eminently proper to ask a subscription that would be sure to fully cover the cost of the volume, from every individual who desires a copy.

"As you justly remark, it was quite different with us. There could have been no expectation of more than a handful of delegates from abroad. The expense must, of necessity, be borne by ourselves, and we could easily do it, by reason of our numbers. To make it sure, we resolved the Institute into the Convention, for the purpose, not only of using its machinery, but of having also at command its yearly income, since the Convention *Transactions* would take the place of the Institute volume. You have, I believe, nothing which, in these respects, corresponds to the Institute. Moreover, I hope—as you do—that from America and the Continent of Europe, there may come as many delegates as England herself can furnish, and the meeting may be a 'World's Convention,' not simply by virtue of papers and reports, but through the coming together of representative men. Do not determine *too soon*

the *amount* to be asked for the volume, lest you get it below cost. The expenses of the meeting and incidentals will be all that Britain could reasonably be asked to furnish, and these may amount to a considerable sum."

In accordance with these views, it was determined, as part of our scheme of working, "that the expenses of printing the *Transactions* be defrayed by a subscription from all who desire to possess a copy of the volume." A subscription list will be opened at the meeting for those who are able to attend; but for those who must perforce be absent but who would like to support us and give themselves the advantage of possessing our *Transactions*, I ask of your courtesy the admission of this letter. I shall be glad to receive the names and addresses of subscribers as soon as possible, that the total number, on whom we can count, may be known. The exact cost of the volume cannot be reckoned till then, but it is not likely to exceed ten shillings of our money, and it will probably contain between 500 and 700 pages of matter.

I am, yours, very faithfully,

RICHARD HUGHES,  
President-elect.

#### LITHOTRIPSY—INTOXICATION BY KALI CHLORICUM.

TRANSLATED BY S. LILIENTHAL, M.D., NEW YORK, N. Y.

BILLROTH (*Wien. Med. Presse*, 44 and 45, 1880) recounts the results of his cases of lithotripsy, and enlarges on the operation introduced by Bigelow, and surnamed litholapaxy, where the calculus is removed at one *séance*, though it may take some time to succeed. He then passes to the causes, which, setting aside those severe cases of cystitis and cystopyelitis, which offer a bad prognosis for any operation of calculus, render the operation dangerous, and finds it in the large quantity of ammonia, by which all inflammatory states of the bladder take on a diphtheritic septic character. It is the duty of the surgeon, therefore, to procure an acid reaction, and for that purpose mineral acids were used,—washing the bladder out with diluted Muriatic acid, and internally Phosph. acid, 4 grams *pro die*. With this ammoniacal reaction all bad symptoms, as nausea, vomiting, febrile reaction, the penetrating odor of the urine, etc., ceased. But, as in some cases this acid treatment was not well borne, Edlessen (*B. K. W.*, 7, 1877) recommended Kali chloricum, and the sixth case, thus treated according to Bigelow's instruction, ended fatally, and Billroth is convinced, from poisoning by Kali chloricum, the patient having taken in four days 45 grams. On the third day after his entrance into the hospital, lithotripsy was performed, the operation

lasting about fifteen minutes; still Bigelow was not sure whether all fragments were evacuated. After cessation of the narcosis severe desire for urinating set in, and the catheter evacuated a reddish-brown urine. On the second day after the operation the general state was satisfactory. Kali chloricum was continued. On the evening of the second day the patient fell calmly asleep, and was found dead the following morning. Autopsy showed the medullary substance of the brain dirty white, somewhat brownish, the cortical substance dirty brown, in the ventricles some dirty serum; the heart and large bloodvessels contained fluid blood of a peculiar brownish color, found under no other conditions; the spleen dark brown; in the bladder murky urine and some fragments of the calculus; the kidneys normal, full of blood, its corticalis swollen. Professor Ludwig considers it a case of poisoning by Kali chloricum, though its presence could not be shown in the blood, and Billroth recommends, therefore, smaller doses, 2 to 3 grams *pro die*, and advises to wait till the urine turns sour.

The *Deutsche Med. Wochenschrift*, 38, 1880, contained several articles showing the toxic effect of large doses of Kali chloricum, when given in diphtheria, so that it became questionable whether the children died from diphtheritic or medicinal poison. Marchand, 1879, and Jacobi, of New York, in several of his essays, proved the danger of such toxic doses.

From such cases of intoxication the *A. H. Z.*, No. 25, 1880, brings the following summary:

*General Manifestations:* Lassitude, apathy, collapse; convulsions; deliria.

*Skin:* Cadaverous paleness; cyanosis; deep-bluish coloring of both cheeks, of the bridge of the nose, of the upper lip and chin. This is not a simple cyanosis, for the discoloration does not disappear by pressure. Heart and concha cyanotic. A whitish-blue tint of the skin. On the forehead and arms some red spots of the size of a lentil, not raised, fading somewhat by pressure, and gradually increasing. Decided icteric coloring of the skin.

*Febrile Symptoms:* Cool skin, quick small pulse; temperature slightly above the normal. In one cyanotic case total absence of pulse.

*Gastric Symptoms:* Vomiting; steady bilious vomiting; sudden vomiting; diarrhoea; meteorismus.

*Urinary Symptoms:* Urine black, bloody, brown, containing blood and cylinders; urination scanty, even anuria; symptoms of nephritis.



THE  
H A H N E M A N N I A N  
MONTHLY.

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MEDICINE AND SURGERY.

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
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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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Editorial.

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THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The thirty-fourth session of this national organization of homœopathic physicians will be held at Brighton Beach, near New York City, commencing Tuesday, June 14th, 1881, and continuing four days. From the secretary's circular we learn that the Institute will hold one *general* session daily, from 10 o'clock A.M. till 1.30 o'clock P.M. Meetings of the various bureaus, *sectional* meetings, will be held daily from 3 until 6, and from 8 until 10 o'clock P.M., except as is otherwise designated.

The business of the first day's *general* session will include the delivery of the Annual Address, by the President, Prof. J. W. Dowling, M.D., of New York, followed by reports from the Committee of Publication, the Editor of the *Transactions*, the Treasurer, the Necrologist, and the Board of Censors; also the report of the Bureau of Organization, Registration, and Statistics. Then will come the presentation, by title, of the papers on Psychological Medicine, Sanitary Science, *Materia Medica*, etc., and Clinical Medicine.

These four important departments will be the subject of dis-

cussion in as many sectional meetings, two of which will be held in the afternoon and two in the evening. The Bureau of Sanitary Science will discuss the subject of *Personal Hygiene*, and some eight or ten papers will be presented by well-known writers on this subject. The Bureau of Materia Medica will present papers on and discuss the *History, Pharmacology, Toxicology, Proving, Mode of Action and Clinical Application of Caladium Seguinum, Papaya Vulgaris, and Viburnum Opulus*. The subjects for the other two sections are not yet announced.

At the second day's general session will be received reports from state and local organizations, from the Committee on Medical Literature, from public hospitals, infirmaries, colleges, journals, etc. Papers will be presented, by title, from the Bureau of Obstetrics, Pædology, Ophthalmology, Otology and Laryngology, and Gynæcology. The Bureau of Obstetrics will present the subject of *Puerperal Mortality*, and the Bureau of Pædology that of *Infantile Syphilis*. These will be discussed in sectional meetings during the evening.

The third day's general session will be occupied with reports from the Intercollegiate Committee, and Committees on Foreign Correspondence, Legislation, Railroad Fares, and the Delegates to the American Public Health Association. The Committee of Arrangements for the International Homœopathic Congress, to be held in London, England, July 11th, will also present their report. Papers will also be presented, by title, in surgery (the subject being *Diseases and Injuries of the Spine*), Microscopy, and Histology, Anatomy, and Physiology. This will be followed by the election of officers for the ensuing year. The subjects presented by these bureaus will be discussed in sectional meetings during the afternoon.

On the fourth and last day there will be a final report of the Board of Censors, followed by A MEMORIAL SERVICE IN HONOR OF DECEASED MEMBERS. After which unfinished business will be disposed of, new business will be transacted, and the session will adjourn.

On Wednesday afternoon the president of the Institute will tender an excursion to the physicians in attendance and their ladies. A steamer will leave the pier in front of the hotel, and will afford the guests a view of the Bay, East River, via Hell Gate, thence up to the hospitals on Blackwell's Island, and the Homœopathic Hospital on Ward's Island, returning early in the evening. On Thursday evening a banquet will be tendered members and their ladies, by James Breslin, Esq.,

proprietor of Hotel Brighton, to be followed by a promenade *soiree*.

"To reach Brighton Beach take your choice of routes to New York city. From there the best route is via the New York and Brighton Railroad and steamers. (See advertisements of this railroad in New York papers, sold on every railroad train.) Baggage checks can be intrusted to agent of Westcott's Express, who passes through every New York bound train, and will safely and promptly convey all baggage to Brighton Beach Hotel. Arrangements for *reduced fares* have been made from most of the principal cities to New York and return. Physicians residing in Chicago, St. Louis, Cleveland, Cincinnati, Pittsburgh, and other places near these, will receive full information as to routes, rates, etc., by addressing A. C. Cowperthwaite, M.D., Iowa City, Iowa."

The Ophthalmological and Otological Society will hold its fifth annual meeting at Hotel Brighton, during the sessions of the Institute.

The Pædological Society will meet on Monday, June 13th, at the Homœopathic College, Corner Third Avenue and Twenty-third Street, New York city, at 10 A.M. and 2 P.M.

The place of meeting could not have been more judiciously selected. The immense hotel at Brighton Beach, with its wide and well-earned reputation, its delightful situation, its convenience of access, all combine to make it just the right place for such a gathering of the medical clans. Within a hundred miles or so of the hotel there are not less than fifteen hundred or two thousand homœopathic physicians, any one of whom can avail himself or herself of the profits and pleasures of the session, at a comparatively trifling expense, and it would not be surprising, therefore, if this should be the largest meeting the Institute has ever had.

We will be pardoned for again urging our young physicians (as we did last year), to become at once identified with the Institute, and to attend its meetings also whenever practicable. The progressive and distinguished men of our school in America, almost without exception, are members of this organization; showing that the work and the influence of the society is helpful in a high degree, or else that a full and proper conception of professional duties and privileges prompts us irresistibly to join with our fellow-workers in their endeavors to advance the cause of medical science. The cost of membership is, for initiation \$5, annual dues \$5. Write to Dr. J. C. Burgher, Pittsburgh, Pa., for a blank application, fill it out,



get three of your medical acquaintances to indorse it, and return it to him with \$10 inclosed. This will entitle you to a copy of the Transactions, and to all the privileges of full membership in one of the most distinguished and influential medical organizations in the world.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION OF 1881. This convention, which will meet in London on July 12th, will be, or at least ought to be, in some respects, a more important gathering than the one held in Philadelphia five years ago. That convention was largely engaged in retrospective work,—the gathering together of the materials of the early history of homœopathy throughout the world. This work was important, we had almost said, vitally important. It was preliminary and preparatory to some of the most essential labors of the coming years. This year also, at London, the history of homœopathy will form a feature of the convention's work. And there will be also the presentation and discussion of important practical papers, such as engage the attention of our various societies year after year; but it is not of these that we would now speak. Neither do we allude to the proposition to discuss during the convention, the "Institutes"—the philosophy of homœopathic principles and modes of practice—anxious as we all are to see some of these questions finally decided and set at rest.

In the circular sent out by the president of the convention (see *HAHNEMANNIAN* for March, page 174) it is announced that on the first day of meeting, "discussion will be held on the best modes of improving our position and furthering our cause." This, then is *looking forward*. Could there be a subject more deserving of the very best thought and most earnest consideration of the convention? Of what value is our God-given homœopathy to the millions who, through ignorance or prejudice, refuse to accept it? It is not enough that we improve our practice and extend our knowledge of disease and of its treatment. It is equally incumbent upon us to devise ways and means to reach the masses and carry to them the blessings committed to our trust. The obstacles to the spread of homœopathy, the influences which oppose its reception, are proper and essential subjects for the deliberation of medical bodies, and one of the most vital questions of the present age is, how shall we meet them? how overcome them?

The occasion is opportune. What thoughtful American physician has not rejoiced that the coming convention is to be

held in London; the very place, it seems to us, "where it will do the most good!" There are in England artificial obstacles to the advancement of our system, such as probably exist in no other country, and such as require the most careful, perhaps also the most determined action to remove or overcome; and it is doubtful if in any other country any good seed sown is likely to bring so bounteous a harvest. From her central position in the world of learning, England's influence is more widely felt than that of any other nation. Give us England and we will sooner or later capture the world for homœopathy.

We hope for great things from the influence of the convention. From all that we can learn, there are many physicians in England who are homœopathists at heart but "secretly, for fear of the Jews," the professional ostracism to which they are liable preventing them from making public announcement of their faith and practice. We do not now allude to the Kidds and the Phillips's who "use homœopathic remedies because in their *experience* they have found them useful" (no amount of that sort of practice can ever constitute a man a homœopathist), but men who have full confidence in the *law of similars* and *not* in experience, as the best guide in the selection of the remedy. If these men can receive a little encouragement, some of them will perhaps take a bold stand for the right, and even enrol themselves for an aggressive warfare.

It is to be hoped also that the convention may add something to the agencies now working in England for the inauguration of measures likely to place homœopathy upon some such footing as she has secured in America. We have no desire to intrude our individual opinion on this matter at this time. We are confident that the wise judgment of our English brethren ought to make them better able to deal with their home-questions than anybody else. We cannot, however, see how the question of homœopathic progress there can ever reach a favorable decision until homœopathic physicians assume full charge of the medical education of their own students. May the influence of the convention be strongly exerted in this direction.

THE WESTERN ACADEMY OF HOMŒOPATHY will hold its Seventh Annual Convention in Chicago, June 8th, 9th, and 10th, at the Palmer House. Good hotel accommodations, good papers, a banquet and reception, and a good time generally are among the attractions promised.

## Notes and Comments.

A **BOGUS DIPLOMA SHOP IN MILWAUKEE** is said to be among the most recent medical discoveries. If certain individuals out there, whom we could name, do not subject it to a "crucial test" in very brief time, we shall wonder what they are pottering about.

**PROGRESS OF HOMŒOPATHIC RESEARCH.**—The critical commentaries on the drugs of the Homœopathic Materia Medica by Dr. Richard Hughes, of London, and more recently by Dr. T. F. Allen, of New York, are eliciting considerable comment, nearly all of which is favorable to their continuance. Ten years ago, such "tampering with our provings" would have raised a prolonged howl of indignation.

**THE CODE OF ALLOPATHIC ETHICS** has been "amended" by the addition of the following:

"It is not in accord with the interests of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine."

How thankful we homœopathists ought to be that our system rests upon the solid truths of science, and not upon legislative props!

**TRACHEOTOMY.**—This subject is well considered in a series of papers, in the April (1881) number of the *Annals of Anatomy and Surgery*. There are papers on the "Anatomy of the Anterior Median Region of the Neck," which is thoroughly illustrated; "Tracheotomy in the Southern States;" "Tracheotomy in Illinois;" "Tracheotomy without Tubes;" "The Use of Tenacula for Fixation of the Trachea;" "Reminiscences on Tracheotomy in Croup and Diphtheria;" and "The Caution in Tracheotomy." A most valuable series on an important topic.

**THE UNITED STATES NAVAL MEDICAL SERVICE.**—The doings of the medical staff of the United States Army are the talk of the world; the acts of the medical staff of the Navy, what are they? A few reports lying upon book-shelves, . . . yet the abundant leisure, the months of floating in the tropics, the wide travel, afford both stimulant and opportunity for natural history research.—*Philadelphia Medical Times*. There is less opportunity for pursuing lines of strictly medical research at sea than on land; still, much might be accomplished but for the frequent changes in the head of the bureau, of which our contemporary complains.

**WHAT IS A REGULAR?**—This question is propounded by a Johnstown, Pa., M.D.,—presumably an allopath, to the *New York Medical Record*, and that journal don't know how to answer it! The American Medical Association, composed exclusively of "Regulars," has never defined the term, and that wonderful code of theirs is silent on the subject. Why does not the *Record* do precisely as it would on any other word, *i. e.*, go to the dictionary? Let us read Webster to him. Now, listen!

"Regular . . . 1. *Conformed to a rule; agreeable to an established rule, LAW, OR PRINCIPLE, to a prescribed mode, or to established customary forms, as a regular practice of law or medicine;* 2, *governed by rule, or rules;* 3, *steady or uniform in a course of practice;* 4, *instituted or initiated according to established forms or discipline (i. e., properly educated and graduated,—EDS.);* 5, *methodical, orderly.*"

The "regular physician" then, *MUST* be a *properly educated and graduated homœopathist*. No other *can*, in any essential particular, fill up the measure of Webster's standard. Will the *Record* please publish the above for the benefit of its inquirer, and give due credit to the **HAHNEMANNIAN**?



## New Publications.

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CYCLOPEDIA OF THE PRACTICE OF MEDICINE: Edited by Dr. H. von Ziemssen, Professor of Clinical Medicine in Munich, Bavaria. Vol. IX. Diseases of the Liver and Portal Vein, with the chapters relating to Interstitial Pneumonia. Albert H. Buck, M.D., New York, Editor of the American edition. New York, William Wood & Company, 1881. 8vo. pp. 928.

The important place occupied by the liver in general and special pathology, as well as in diagnostics and therapeutics, will make this ninth volume a welcome addition to the shelves of the vast number of subscribers to Ziemssen. The consideration given to the various subdivisions of the subject upon which the volume treats is thorough, and in the more important particulars, practically exhaustive. Juergensen's chapter on Interstitial Pneumonia will form interesting reading, not only to the pathologist but to the sanitarian also.

The medicinal treatment recommended in the work will not, of course, be favorably received by homœopathists. Still there is much in the volume to aid us, not only in diagnosis, but also in making up a complete symptomatic picture of our cases.

Now that the work is completed, we desire to say that the frequent reference to and quotations from Ziemssen in our periodical literature, shows that this immense work is exerting no little influence upon the homœopathic profession, and that it is being constantly resorted to by our practitioners. D.

A TEXTBOOK OF HUMAN PHYSIOLOGY, designed for the use of Practitioners and Students of Medicine. By Austin Flint, Jr., M.D., Professor of Physiology and Physiological Anatomy in Bellevue Hospital Medical College, New York, etc., etc. Illustrated by three lithographic plates and three hundred and fifteen woodcuts. Third edition, revised and corrected. New York, D. Appleton & Company, 1881. 8vo., pp. xviii, 978. Price \$6.00.

We have not the slightest intention of criticising the work before us. The medical profession and colleges have taken that prerogative out of the hands of the journalists by adopting it as one of their standard textbooks. The work has very few equals, and no superior in our language, and everybody knows it.

So short a period has elapsed since the issue of the preceding (second) edition, in 1879, that comparatively few additions were necessary to keep the work up to the latest developments in physiological science. We observe that our author accepts the doctrine, first advanced by Bowman, that the Malpighian bodies of the kidney are chiefly concerned in eliminating from the blood the watery portions of the urine, while most of the solid excrementitious matters, as urea, urates, etc., are separated by the cells lining the convoluted tubes, and perhaps also by those of the larger portion of the

tubes of Henle. The chapter on Animal Temperature has been carefully revised and, we think, greatly improved. A brief notice of Professor Boll's "Retinal Red," as described in the *American Journal of Medical Sciences* for July, 1878, is also given, together with other additions and alterations. D.

**HOW TO SEE WITH THE MICROSCOPE;** being Useful Hints connected with the Selection and Use of the Instrument; also Some Discussion of the Claims and Capacity of the Modern High-angled Objectives, as compared with those of Medium Aperture, with Instructions as to the Selection and Use of American Object-glasses of Wide Apertures. By J. Edwards Smith, M.D., Professor of Histology and Microscopy in the Cleveland, Ohio, Homœopathic Hospital College, etc. Illustrated. Chicago, Duncan Brothers, 1880. 12mo., pp. 410.

Dr. Smith's book supplies a want long existing, if not very long felt. The necessity for a practical acquaintance with the microscope, and a personal intimacy with those forms of matter, organized and unorganized, which only the microscope can reveal, is only beginning to be appreciated by the general run of medical practitioners. Our colleges, however, are taking advanced positions in this matter, and Professor Smith has furnished them a most valuable auxiliary at an opportune time.

The author first presents a description of most of the microscope stands in use in this country, with the advantages and disadvantages of each. The list closes with an accurate description of the "Acme" stand, devised and constructed by himself and Mr. Sidle, of Philadelphia, their object being to obtain a stand as nearly perfect as human ingenuity and skill could make it. The author, who is certainly a competent judge, evidently thinks the results of their combined labor eminently satisfactory. All these descriptions are well illustrated. Next follows a brief explanation of "Angular Aperture," and then the author enters into a consideration of the relative value and efficiency of "medium" and "high" angled object-glasses. In this connection, he quotes the doctrine of Carpenter, viz., that increase in the angle of aperture can be had only at the expense of penetrating power, and "that for almost every purpose except the resolution of the diatom tests, objectives of moderate angular aperture are decidedly preferred." While admitting that this doctrine was "essentially true when first published," he nevertheless regrets that it should find a place in recent editions of Carpenter's work, considering that even if true in reference to the wide-angled objectives of ten years ago, when the highest angle attainable was thought to be not above 135°, it cannot consistently be applied to the wide-angled glasses of the present date with an aperture of 175°, which a few years ago would have been regarded as mechanical and optical impossibilities. Further on our author alludes to the brilliant triumphs of the low-power, high-angled objectives when pitted against the high powers of medium aperture. "It is David *v.* Goliath, and David has the best of it." It is proper to say, that in the production of these high-angled glasses, Dr. Smith heartily commends our American instrument makers.

We have not space to offer a detailed review of the whole work. Suffice

it to say that all parts of the microscope and its accessories are carefully considered, and rules for their selection and proper use laid down. There is a short and practical chapter on Volumetric Analysis, and an appendix, containing references to the makers of various instruments, and contributions by the author to the *Cincinnati Medical News*, and the *American Journal of Microscopy*. Those who want to learn how to buy a microscope, or how to use one, should begin by purchasing and carefully reading this book.

D.

**PHOTOGRAPHIC ILLUSTRATIONS OF CUTANEOUS SYPHILIS.** By George Henry Fox, A.M., M.D., Clinical Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York, Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases, etc. Forty-eight plates from life, colored by hand. New York, E. B. Treat, No. 757 Broadway. Folio. Complete in twelve numbers. Nos. 4 to 9 inclusive.

This serial keeps up its reputation; presenting the subject of which it treats in a masterly manner, and giving the outlines and coloring of the various forms of syphilitic skin maladies with remarkable fidelity. The practitioner must find this work a most valuable aid in making up his diagnosis in the forms of diseases herein so faithfully portrayed.

D.

**CATARRHAL DISEASES OF THE NASAL AND RESPIRATORY ORGANS.** By G. N. Brigham, M.D. Published by the A. L. Chatterton Publishing Co., New York.

We like monographs, presuming, of course, they are properly prepared. They bring up their subjects so clearly before the reader, that they impress him in a way which cannot be effected in any other manner.

The little brochure before us, containing 127 neatly printed pages, presents prominent "catarrhal symptoms" for quite a list of remedies, and closes with a short repertory. Being of convenient size for the pocket, and written in an entertaining and profitable style, it will recommend itself as a useful companion, especially during a busy season of coughs and colds. And the best of it is, the indications are concise and practical.

F.

**HANDBOOK OF URINARY ANALYSES.** By Frank M. Deems, M.D. The Industrial Publication Co., of New York.

This compilation gives in a small compass a useful tabulated arrangement of chemical and microscopic methods of examining the urine. These tables, together with a few explanatory remarks, comprise the first twenty-five pages of the pamphlet. The remainder consists of a catalogue of books, instruments, etc., for sale by the publishers.

F.

**HOW TO USE THE FORCEPS.** By Henry G. Landis, A.M., M.D. Illustrated. Published by E. B. Treat, 757 Broadway, New York.

This little book is an admirable presentation of the mechanism of labor, and the use of the forceps. While it is true that nearly all the information herein afforded can be found in larger works, it is nowhere so succinctly given, and hence so conveniently acquired. It will repay its purchaser.

F.



## Gleanings.

**PRECOCIOUSNESS.**—M.D. Delaunay, in a communication to the French Société de Biologie, has advanced the opinion that precocity is a sign of biological inferiority. In support of his position he states that the lower species develop more rapidly, and are at the same time more precocious than those higher in the scale. Man is the longest in arriving at maturity, and the inferior races of men are more precocious than the superior, as is seen in the children of the Esquimaux, Negroes, Cochín-Chinese, Japanese, Arabs, etc., who are, up to a certain age, more vigorous and more intellectual than small Europeans.

Precociousness diminishes in proportion to the advance made by any race in civilization—a fact which is illustrated by the lowering of the standard for recruits, which has been made necessary in France twice during the present century, by the decreasing rapidity of growth of the youth of the country. Women are more precocious than men, and in all domestic animals the female is formed sooner than the male. The inferior tissues and organs develop before the higher ones, and the brain is the slowest of the organs to develop.—*The Sanitarian*.

**FLOATING LIVER.**—In the *Wiener Med. Blatt* is recorded an observation accidentally made on a physician by Dr. Choostek. There were no symptoms whatever of anything wrong in the abdomen, and there was no history of violence or of any occurrence that threw light upon the condition. When the man stood up, the upper and posterior border of the liver was felt to come forward from under the margin of the thorax, and to be six centimeters and a half below the tip of the xiphoid cartilage in the right parasternal line, and one centimeter below that point in the left parasternal line. The left end of the liver was plainly felt through the abdominal wall, and from it the anterior, or rather the lower edge of the liver, could be traced arching down to the right, being in the middle line fifteen centimeters below the xiphoid process, and in the right nipple and axillary lines, respectively, seven and one and one-half to two centimeters below the edge of the thorax. The liver did not markedly descend on taking a deep inspiration. In the horizontal posture it could be replaced, under the ribs, to a considerable extent. In lying on one side the organ fell to some extent toward the dependent side. The lower edge of the suspensory ligament could be felt tightly stretched, but this produced no pain, and so completely absent were all symptoms that the condition was only discovered accidentally.—*The Medical and Surgical Reporter*.

**ANÆSTHESIA INDUCED DURING SLEEP.**—The possibility of chloroforming a person in sleep, without waking him, having been disputed in a recent murder trial, Dr. J. V. Quimby, of Jersey City, was led to test the question experimentally. Dr. Quimby made arrangements with a gentleman to enter his room when he was asleep and apply Chloroform to him. This he did with entire success, transferring the person from natural to artificial sleep without arousing him. He used about three drachms of Squibb's Chloroform, and occupied about seven minutes in the operation. The second case was a boy of thirteen, who had refused to take Ether for a minor operation. Dr. Quimby advised the mother to give the boy a light supper and put him to bed. She did so, and Dr. Quimby, calling when the boy was asleep, administered the Chloroform and performed the operation without awakening the boy. The third case was a boy of ten years, suffering from an abscess, and the same course was pursued with equal success.—*Medical Advance*.

**NERVE SUTURE.**—A laborer, aged 31, received several injuries by the fall of a ceiling, and among his other bruises was one, considerably ecchymosed, on the outside of the right forearm, directly below the middle. There

was also paralysis of the extensors of the arm and hand. There was some sloughing of the integument at the point in question, and an abscess formed, which was opened. After cicatrization of the wound the paralysis continued, proving beyond a doubt that a separation of the nerve in its continuity had occurred. Two months and a half after the injury, Von Langenbeck performed the operation of nerve suture. The ends of the nerve—separated from each other about two centimeters—were exposed and brought into contact, by means of a catgut suture passing through the middle of each. To accomplish this considerable strength was required. The excised cicatricial tissue contained no nerve elements. Recovery ensued without ulceration, and nineteen days later reaction of the extensors could be discovered on the application of the interrupted current, and six weeks after the operation quite remarkable extension movements were possible.

Gluck, in particular, has experimented on animals for the purpose of studying minutely the healing process in divided nerves. According to his investigations, there is first formed an intermediate substance of granulation tissue containing spindle cells, with large nuclei (gangliform cells), which develop into solid fibres. These results are as yet uncertain in man, where they have concerned the sensitive nerves merely. The motor nerves offer a much better field for study. Aside from the case just related, the radial nerve has itself been united by suture once by Létiévant (no recovery), and once by Esmarch (recovery).—*Berlin klin. Wochenschr. Centralt. f. d. med. Wissen.*, No. 8, 1881.

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## News, Etc.

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BURT'S PHYSIOLOGICAL MATERIA MEDICA is out. We hope to review it next month.

SETTLEMENTS—CLASS OF 1881.—G. M. Holman, M.D., 2424 Oxford Street, Philadelphia; Joseph E. Couper, M.D., St. Cloud, Minn.; Robert F. Strayer, M.D., Macon, Ga.; Edward P. Swift, M.D., Millbrook, Dutchess County, New York.

CHILDREN'S HOMOEOPATHIC HOSPITAL OF PHILADELPHIA.—The Lady Managers of this institution will hold a fair for its benefit at St. George's Hall, in November next. It is expected to be the most successful of all the fairs yet held for this object. Physicians or others, desiring to contribute towards it, should communicate with the Secretary, Miss G. Sturges, No. 615 North Eighteenth Street.

DR. W. H. WINSLOW, of Pittsburgh, Pa., has nearly completed a thoroughly practical and exhaustive work, entitled "*The Human Ear and Its Diseases*." It will comprise between 350 and 450 pages of HAHNEMANNIAN size, be illustrated by about 100 handsome drawings, and will be brought out in the best style of the printer's art.

Now, that the doctor has nearly completed his important task, we shall hope soon to have something more from his pen for the pages of the HAHNEMANNIAN. Indeed, he has almost promised as much.

BOERICKE & TAFEL'S NEW PHARMACY.—Our enterprising pharmacists will shortly remove their central store and laboratories from No. 635 Arch Street (where they have been located since the days of our medical grandfathers) to No. 1011 Arch Street, four squares farther west, and just so much nearer to the great body of their customers. The new establishment will include an elegant store, 48 feet long by 26 feet wide, together with some half a dozen other rooms of nearly equal size, for their various laboratory processes and for the storage and preservation of their wares. The location

has been well selected to secure abundance of light, and, at the same time, freedom from the dust of the street,—an important consideration. Boericke & Tafel are also about to open an additional store at No. 1216 Girard Avenue, for the convenience of up-town physicians. This establishment will be under the personal supervision of Mr. Shæffer, the efficient manager of the Eleventh Street store. These improvements will be highly appreciated by the Philadelphia profession, and the neighboring physicians.

THE HAHNEMANNIAN AT THE INTERNATIONAL HOMŒOPATHIC CONVENTION, in London, will be represented by its Business Manager, Dr. Bushrod W. James.

TICKETED FOR EUROPE.—Pittsburgh will furnish at least three delegates to the London convention, viz., Drs. J. H. McClelland, J. F. Cooper, and C. F. Bingaman. Philadelphia, with her two hundred and seventy-five M.D.'s, should surely send more than one. We already hear of quite a large number who are going from different parts of the country.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—Professor Aug. Korndorfer, M.D., has resigned the Chair of Clinical Medicine and Physical Diagnosis in this institution. This step on his part was chiefly due to the unsatisfactory state of his health, warning him against the danger of overwork. Dr. Korndorfer's knowledge of pathology and diagnostics, and his remarkably intimate acquaintance with the *Materia Medica*, peculiarly fitted him for the work of a clinical instructor. While his colleagues of the faculty fully appreciate the force of the influences which led to his withdrawal from the onerous duties of the position he held among them, they nevertheless acquiesced in the necessity only with feelings of regret.

Dr. Charles Mohr, formerly chief of the dispensary staff, and lecturer on pharmacy, has been appointed lecturer on Clinical Medicine and Physical Diagnosis. Dr. Mohr is not unknown to the classes of Hahnemann College as a clinical teacher, he having filled the position in the spring course. His clinical lectures, as recently given, are so managed as to enable him to differentiate cases having more or less similarity of symptoms and conditions and requiring nice distinctions between analogous or related remedies, and have proved highly interesting to the class in attendance.

PROFESSORS MCCLATCHEY AND C. M. THOMAS have both been ill recently, the symptoms of the former being, for a few hours, of such a character as to excite some apprehensions. Their numerous friends will be glad to know that both have nearly or quite recovered.

MARRIED.—SHANNON—MURDOCK.—At Sewickley, Pa., at the residence of the bride's parents, May 5th, 1881, by Rev. Dr. Wallace, assisted by Rev. Dr. Kerr, Samuel F. Shannon, M. D., of Allegheny City, to Miss Sue J. Murdock.

WILSON—ROBERTS.—At Atlantic City, May 5th, 1881, by Friends' ceremony, J. Theo. Wilson, M.D., and Miss Mary E. Roberts, both of Moorestown, New Jersey.

DECEASED.—OBER.—Dr. L. E. Ober, of Lacrosse, Wisconsin, died recently, as we are informed, of Bright's disease. Dr. Ober was one of the most prominent physicians of Wisconsin. He had been a member of the American Institute of Homœopathy for twenty-four years, and was nearly always in attendance at its sessions. His familiar face will be missed from among us.

OFFICE OF THE HAHNEMANNIAN MONTHLY, *N. E. corner Eighteenth and Green streets, Philadelphia.*

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Original Department.

A CONDENSED MATERIA MEDICA.

BY SAMUEL A. JONES, M.D., ANN ARBOR, MICHIGAN.

(Read at the Fifteenth Annual Session of the Indiana Institute of Homœopathy,  
at Indianapolis, Ind., May 25th, 1881.)

SAID a recent writer, while considering a condensed *Materia Medica*: "If it shall come, it will be as the last of a series of eliminations—a series that will gradually exclude the generic in each remedy by cancellation until, at last, only the specific, the absolute value of the remedy remains." "This feature will be written in a single line, as the *anxiety* of Aconite, the *asthenia* of Picric acid, the *restlessness* of Rhus, and so on. Each remedy will have its voice, and be known by it as was King Lear in that night of storm and darkness."

And then he continued, somewhat apologetically and somewhat explanatorily, "that this is not a mere dreamer's fancy is shown by the fact that, in the keynotes or characteristics we have a foreshadowing of the ultimate identification of a remedy by its intrinsic individuality; and *this individuality* is not shown by erratic warts and birth-marks, as your repertory makers imagine. A truant lock of hair might have hidden Cromwell's wart at Edgchill, but what could hide the voice of him who commanded in the name of the Lord God of Hosts? We want, not warts and telangiectatic birth-stains, but the SPIRIT, and this we shall reach when we get through the rind of things. We must drop synthesis for analysis, and though this may seem to lead us to several centres in a drug's

action, all essential to its unity, we must keep on and on, until at last is revealed to us the *punctum saliens*."

I do know that the before-mentioned "recent writer" was much gratified by the many letters which came to him urging the beginning of such a condensed *Materia Medica*, and I do also know that he was obliged to turn away from each appeal to put his hand to the work, with much heaviness of heart. He is worse than an infidel who provides not for his own; and in the struggle of such providing, no time is left for the more arduous labor of excogitating a condensed *Materia Medica*. That task demands the quiet of the library with the essential adjuncts of a flour barrel and a potato bin which spontaneously replenish themselves, as did the widow's cruse.

Failing to essay the work himself, the said "recent writer" has authorized me to put before you a plan for such a condensed *Materia Medica* as is now attainable. Some of you may undertake it, or, at the least, may so vociferously make demand for it as to hasten its production. From the "recent writer" it surely cannot be forthcoming.

The condensed *Materia Medica* must not consist in an arbitrary selection of symptoms. Those which find a place in it must be discriminated by experience, and this experience must be not that of one man, however eminent, but of many. The true and valid symptom must have its genuineness and its puissance confirmed by various witnesses in various times and at various places.

Such an establishing of the true and valid we already have in the *verified symptoms* of our *Materia Medica*. It must be remembered that only the clinical application and verification can put the stamp of the true and the solid upon such symptoms in a proving as are true and valid. It must also be remembered that the symptoms of our polychrests have been in the hands of the profession and constantly tested, for over half a century; and, surely, it must be allowed that the symptoms which over half a century of practice has verified, have their truth and validity attested by such a number of witnesses as must establish the fact.

Our aim, then, shall be to determine what per centum of each pathogenesis has been verified by the trials of over half a century, and after such an examination the inference is that the bulk of that which is true in each pathogenesis has had large opportunity to establish itself, and that the bulk of that which has not yet had such verification may justly be suspected of being erroneous. With this aim, then, we will ex-

amine the verifications of our twenty-four polychrests, and the following table of the per centum of verifications is submitted, not as absolutely correct, but as fairly approximate:

Pulsatilla, 43 per cent.; Sulphur, 33 per cent.; Rhus tox., 30 per cent.; Nux vomica, 26 per cent.; Verat. album, 23 per cent.; Silica, 22 per cent.; Mercurius sol., 18 per cent.; Arsenicum alb., 17 per cent.; Bryonia, 17 per cent.; Belladonna, 15 per cent.; Phosphorus, 15 per cent.; Aconitum nap., 14 per cent.; Hepar sulph. calc., 14 per cent.; Sepia, 13 per cent.; Ipecacuanha, 12 per cent.; Arnica mont., 11 per cent.; Calcarea carb., 10 per cent.; Cinchona off., 10 per cent.; Hyoscyamus niger, 10 per cent.; Lachesis trigon., 10 per cent.; Chamomilla vul., 9 per cent.; Lycopodium clav., 9 per cent.; Carbo vegetabilis, 8 per cent.; Dulcamara, 7 per cent.

These percentages are very significant, and I regret that we have not time to examine each in detail. I can only assure you that the more they are studied the more do they commend themselves to our credence. One thing was to me very striking, namely, the small percentage of verifications in certain pathogeneses which nevertheless enable the most precise application of the remedy. I may particularly mention Arsenic, Sepia, Ipecac., Calcarea, Lachesis, Lycopodium, and Carbo vegetabilis.

We can prescribe Lycopodium, and Carbo vegetabilis with no less precision than we do Pulsatilla and Sulphur, yet of the first two we have only 7 and 8 per centum of their pathogeneses verified, while of the last two the verifications reach 43 and 33 per centum. Now, shall we conclude that 91 per centum of our pathogenesis of Lycopodium is erroneous, while only 57 per centum of the pathogenesis of Pulsatilla is faulty? Such a deduction would be hazardous in the extreme, and before we draw any inferences from these percentages we will scrutinize the internal evidence of the percentages somewhat closely.

All experience amply shows that each remedy has its specially strong points, and this is notably true of Pulsatilla in the female sexual sphere, in the mental sphere, and in the blennogenous sphere. Now, in the symptoms of Pulsatilla pertaining to the female sexual sphere, we have 76 per centum of verifications; in the mental sphere 53 per centum; and in the blennogenous sphere, or those territories in which a mucous membrane has a physiological and pathological function, we have the following percentages: Eyes, 56 per



centum; ears, 63; nose, 66; throat, 34; stomach, 51; rectum and anus, 62; stool, 44.

Evidently this remedy has shown its strength in percentages which notably include those portions of its pathogenesis which we know to be true and valid. A similar analysis, rough though it be, would give equally significant results for each of the polychrests, and the conclusion is forced upon us that the verified symptoms in a fifty-year-old pathogenesis afford a reliable index to its truth and validity.

It is certainly significant that the verifications should not be equally distributed throughout a pathogenesis, and that certain portions of a pathogenesis should be so abundantly verified; and, as certainly, the logical inference is, that the unverified portions are unreliable.

I now look back to my own teaching days with regret. I have spent much time upon unfruitful parts of a pathogenesis, have buried the helpless student in a mountain of worthless symptoms, and have thereby obscured the fertile parts of a pathogenesis.

"The mill cannot grind when the water is passed," and I will not vainly regret; I will rather find thankfulness in the fact that now, at least, the hopper holds no such stuff.

By this plan the approach to a condensed *Materia Medica* is very apparent. For instance, in Allen's *Encyclopedia*, Pulsatilla has 1322 symptoms, and of them some 578 have been verified; and thus, you see, this plan of condensing would cut down the bulk of Pulsatilla nearly two-thirds. Other remedies, having a smaller general percentage, would, of course, undergo a correspondingly greater condensation, and instead of ten royal octavo volumes, doubtless two would suffice to comprehend a reliable working *Materia Medica*. To include only the starred symptoms in Allen's *Encyclopedia*—the star showing that they have been verified—would give us a much-condensed *Materia Medica*, in which it were surely easier to distinguish the specific in each remedy from the generic, and with which we could realize nearly all the therapeutic possibilities of our art. I say "nearly all," because I know that *not* all the verified symptoms are distinguished by a star in Allen's *Encyclopedia*. Every practitioner who faithfully digs out from the *Materia Medica* a remedy for a given case, finds new verifications, as did the faithful few who in the early days established our school on the adamant of eternal truth. Oh, for men like them to-day! Men possessed by a conviction; men to whom no labor was too arduous, and no

price too great, if only the eternal verities would crown the end!

"And yet," say you, "of the pathogenesis of *Lycopodium* furnished by these men, 91 per centum is erroneous!" No! I have not said that—I dare not say it. I only aver that 91 per centum of that pathogenesis is to-day without marks of verification on the pages of our best *Materia Medica*. There they must remain *sub judice* until, happily, in your hands, or in mine, or in still later workers, they shall declare their worth by their deeds.

The condensed *Materia Medica* should now include only such symptoms as can wear a star in token of their truth and validity, but every copy issued should be interleaved, and as new symptoms from the storehouse of the *Encyclopædia* are verified they should be written in.

This work should lead the whole school to careful case-taking and case-reporting; and careful case-reporting means something widely different from the stuff with which our starving journals are now defiling our literature.

The real *taking* of a case means the FINDING of the remedy. Given a properly taken case, and the student in your office can find the remedy if your office has in it a copy of the *Organon*. Failing to do it, your student should be incontinently sent, with many prayers, to some other avocation, for, evidently, "the work which *he* is to do in the seed-field of time" is not doctor-work. To take a case properly, demands cerebral convolutions of the amplest, gray substance of the finest, an eye of the truest, and a heart of the tenderest—lacking these, your *quasi* "doctor" is only a *simulacrum*!

But, to return, I know of none other process by which, in the fulness of God's good time, we can have a *Materia Medica* of verities.

I have no fears for the fate of the old provings from such a treatment of them as I have proposed. They were made by solemnly-earnest men in all honesty of purpose, and they who made them sought only the truth. Their lives and their works show all this. All that is true in the old provings is not at our mercy; the Source of all truth has it in His keeping, and with Him a thousand years is only as a day. O my fellow-worker, if a true thing has gone out from thy doing, it matters not whether man revile it and cast it out; in the cup of eternity it rests securely as a babe in its mother's keeping! Do you remember the kernels of wheat which were found in the withered hand of the Egyptian king? The world had grown

old, and the Sphinx silent while he was sleeping with them locked in his pulseless palm, and century after century swept by while they lay with him in the cold and the dark of the pyramid. And it came to pass that the king's embalmed body was removed by a traveller even to the New World—a world not known to that king when he went to his rest—and in that New World the cerements were unrolled, and lo, the wheat was found in his hand. And it was taken thence and planted, and the rains fell upon it, and the sun shone on it, and the life that God himself had put in it, thrilled, and the kernels grew as their germs had grown in Egypt, mayhap when God led his people therefrom.

Even so is it with a true thing, *forever!* It may be buried for a thousand years, but if it were once a true thing, the very God will never forget it, never forsake it, and the life that he gave it shall never die.

Much of such error as must be found in the old provings is inseparable from the method of making the provings, and with all our boasted advances in science we cannot escape similar errors in making *our* provings.

When one begins to closely scrutinize himself, as we do when proving, many of the phenomena of *cœnæsthesis*, or *common sensation*, are recognized, and wrongly ascribed to the drug taken. In the bustle and confusion of ordinary life these same phenomena are unnoticed. When we begin a proving and carefully watch for every organic sign we observe them, and having no means of distinguishing them, we include them with the medicinal effects. Hence, undoubtedly, a large percentage of the symptoms is a "proving" which we can never hope to verify. This element of error, we may call it the "personal equation," we owe it to the old provers to eliminate from their work, and such an elimination is not iconoclastic, as some would have us to believe. No! such an elimination the old provers have a right to expect at our hands; from their graves they plead for it, and our weakest endeavor in this direction is worth a thousand "Milwaukee tests," and doubtless, is a thousand times more honorable.

I do not think, however, that such a condensed *Materia Medica* should consist only and solely of verified symptoms. In such a work I should like to see, first, a good synopsis of what is termed the "physiological action" of the drug, skilfully elaborated, so that the reader could quickly learn the place or places of the drug's action, the kind of action, and the consequence of such action, that is to say, the "pathological anatomy," as it is



called. Much is to be learned from this last, in that it gives the antecedent symptoms a fixed meaning, and chiefly as regards teaching us to *persist* with a remedy. For instance, many diseases have a very definite pathological anatomy which is the outcome of a fixed series of antecedent symptoms, and I am not prepared to believe that what began as an Arsenic condition can ultimately become a Phosphorus condition. If Phosphorus shall appear to be indicated we are simply deceived in interpreting symptoms. Only a well-defined "pathological anatomy" for each drug can save us from this mistake, and when we have such a definite pathological anatomy we shall know why the old practitioners, whose skill we envy but cannot imitate, attached so profound a value to the *anamnesis* or past history. As well endeavor to know a book by reading only its last chapter as to know a disease or find its remedy by only its final developments. However, if from all this we learn only when to persist in the administration of a well-selected remedy, we shall have now the grandest secret of a successful practice.

Secondly, we should have in our work a condensed symptomatology of only verified symptoms—subsequent verifications to find a place therein as they are established.

Thirdly, and for the student's sake, I would plead for a therapeutic *finale*, in which typical cases are given, showing the practical application of the law of similars. And the *data* of these "model cases" should scrupulously conform to the requirements laid down by Hering in the old Allentown Academy.

This *facile princeps* says, in effect, that the elements of a case are four, namely: 1, Sensations; 2, localities or tissues; 3, conditions or modalities; 4, concomitants. The symptoms of the remedy must "cover" or include at least three of these elements; and with three of these elements "covered" we could demonstrate the science of similars so as to silence the world. I trust that all this is not Utopian, and I would like to see a bureau of materia medica and therapeutics putting forth its strength in getting up one well-known remedy on this plan. It might lead us quickly to the condensed Materia Medica.

I sometimes fear that we do not so give ourselves to our chosen work as to receive the blessing, but I shall go from here with the conviction, that from this day hence, you and I are more fully aware of our responsibility. Let us return to our work as those who know that the night is coming.

## MINOR OBSERVATIONS.

BY JAMES B. BELL, M.D.

(Read before the Maine Homœopathic Medical Society.)

CASE I.—A nervous woman, who could not bear an operation, was treated by means of a seton passed through a vaginal cystic tumor. The seton was turned every day and the tumor discharged for months. The result was satisfactory to the patient, I believe, but the process was not so to me.

CASE II.—In five operations for fistula in ano, four of the patients were women, two under thirty, and in only one was there any indication of phthisis, either before or since. One was a gentleman of seventy-three, and the fistula was wholly external, being situated in the gluteal muscles, two inches from the anus. The healing was tedious. The same patient had been a fearful sufferer from piles, the result of lead colic and attendant constipation. Three of the larger of these were ligated with much relief to the pain, prolapsus, and involuntary stool.

CASE III.—A stricture, which required a month's perseverance to pass a filiform whalebone sound, was cured by gradual dilatation, until it now takes a No. 9 sound, which is occasionally passed, and may be needed for a long time to come.

CASE IV.—Impacted foreign bodies in the œsophagus, even if the present annoyance is not great, demand œsophagotomy, else serious results are likely to follow. A gentleman, who is not at all nervous, got a plum-stone in his throat. It was below the reach of the finger, and could not be dislodged by the bristle probang, ball, or any other means. There he believes it still remains, although it is three months since the accident. I thought the sensation of which he complained might be due to some laceration only, and decided to wait developments; but that must have long since healed, so it may be that the plum-stone is still there.

CASE V.—A beautiful "thoroughbred" girl of four years of age was threatened with caries of several of the bones of the hands and feet. She had been under allopathic treatment for six months, or from the beginning of the trouble, and had steadily grown worse. The remedies which did the most good were *Calcarea* 6<sup>m</sup>, and *Asafœtida*<sup>200</sup> and 1<sup>m</sup>, a dose or two at intervals of a month. She also spent two seasons at the seashore, which greatly aided the action of the remedies. Small pieces of bone worked out at intervals from the various open-

ings. The ulcers have all closed, leaving but slight deformity. Meddlesome surgery in such cases is bad, especially when the beneficence of homœopathy can be secured.

CASE VI.—A lady, aged twenty-seven, had a fibroid of the neck of the uterus. It was so diagnosed in the West and she came here to have it removed. I found a firm body of the size and form of an English walnut attached to the posterior lip of the cervix, freely movable, but with a rather broad base. Several attempts to get the wire loop of the ecraseur over the tumor failed, because of the mobility of the tumor and the narrowness of the vagina. It was therefore seized with long, narrow forceps and held firmly while the loop was carried over the forceps and down to the base of the tumor. Gradual tightening of the screw readily and thoroughly removed it. Although there was no bleeding at the time, a slight flowing followed for a day or two. The patient was kept in bed for safety, but felt perfectly well. No Ether was used, as such tumors are not sensitive. The only sensation during the tightening of the screw is one of dragging, caused by the contraction of the uterine mucous membrane. A little aching followed, which was soon relieved by Arn.<sup>20</sup>

CASE VII.—I have met with but two instances of ovarian tumor among my own patients, and therefore have had little opportunity to test the early effect of medication. Of these two, one is under treatment. The other was cured by a remedy aided by a single aspiration. Authors differ as to whether ovarian cysts are ever cured by being emptied. Spencer Wells believes that they are sometimes so cured, and cites several cases, all of them, however, in patients about thirty years old or younger, and all but one evidently monocysts. Peaslee, on the contrary, believes that only cysts of the tube are curable in that way. My case was a lady of sixty. The diagnosis was made by an Allopathic surgeon of some experience in ovariectomy, as well as by myself, and was deemed to be probably polycystic. The growth was slow, and when its presence became known to me, it was not large, but it gave so much inconvenience that I used the aspirator and drew off about four quarts of rather thin, dark bloody fluid. Guided entirely by the color and character of the fluid, which was like that seen in ulcers and boils when Lachesis is indicated, I gave the 41<sup>m</sup> of Fincke, repeating it at intervals for some months. The sac has never refilled, though the operation was performed five years ago.

CASE VIII.—Cancer of the œsophagus. This case is



somewhat instructive, because two excellent homœopathic physicians failed to diagnose it. The patient was a lady, aged thirty-seven. I saw her May 12th, 1880. Her throat began to besore last October. The soreness was confined entirely to the right side, a continuous smarting feeling. For three months any attempt to swallow sent a severe pain up through the right ear, and same side of the head. Can only swallow such liquors as are nearly as thin as water. Spits a good deal of frothy, glairy mucus.

Examination showed it externally along the right side of the larynx, and extending below it an oblong, firm body about the size of a lady's finger. It was somewhat tender on pressure, and moved up and down when the patient swallowed, but less than did the larynx. Internally there were no signs of inflammation about the pharynx to account for the soreness, but the finger passed down behind the larynx on the right side, felt the same hard body, projecting well across the œsophagus and rounding up in the middle, where it had a rough feel, evidently from beginning ulceration. If I were to make any suggestion to myself or others concerning surgical diagnosis, I would keep in mind that it is not a matter of intuition or of guesswork, but a patient gathering of facts more or less easy to obtain. If these do not tell their own story they must be compared and weighed carefully until they do. He who makes occasionally a brilliant diagnosis by a guess, will in time make many equally brilliant failures.

CASE IX.—A little girl, less than three years of age, had a tumor which developed rapidly in the cheek by the wing of the nose, and lifting also the ala from its place. An experienced physician of our school thought it innocent, but as the parents were concerned about it, he recommended them to see a surgeon. The old-school surgeon, whom they consulted, is a slashing diagnostician, and therefore proceeded to extirpate, as innocent, an encephaloid cancer. He admitted afterwards to the parents that he would not have done as he did if he had known exactly what it was. I only report the case to remind us that he *should* have known what he was dealing with before operating, as should we all. The age of the patient and the rapidity of the growth of the tumor should alone have told the story, without the peculiar feel of the tumor. When the case was brought to me I found that the wound had never healed, but had immediately filled with a new carcinomatous growth. If the first one had been left undisturbed, the progress would have been slower.

## Miscellaneous Contributions.

### AMERICAN INSTITUTE OF HOMŒOPATHY—PROCEEDINGS OF THE THIRTY-FOURTH ANNUAL SESSION.

REPORTED BY THE EDITORS.

THE thirty-fourth annual session of the American Institute of Homœopathy was held at Hotel Brighton, Coney Island, N. Y., June 14th to 17th, inclusive. Notwithstanding the somewhat unfavorable weather there was a goodly attendance of members and other physicians, and a large number of their lady friends at the opening of the session.

#### THE GENERAL SESSIONS.

*First Day.*—At 10.30 o'clock the Institute was called to order by the President, Professor J. W. Dowling, M.D., of New York, and prayer was offered by Rev. Mr. Morse, of New York, after which an order of business was adopted.

The President's Annual Address was then delivered. In its opening sentences Dr. Dowling referred to an article in one of the journals, criticising these addresses. He considered the writer of that article unnecessarily severe and exacting, especially in view of the rule by which the President of the Institute is restricted to "the progress of homœopathy during the year past, and such suggestions as he may deem necessary for the Institute to take action on during the session."

Referring to the progress of the past year, the President said:

"Progress has undoubtedly been made during the past year, as in every year since our illustrious father in medicine first expounded our law of cure. But differences of opinion exist among our members as to what constitutes progress in homœopathy. Having been chosen to your Presidency by no faction or party but by a unanimous vote, it is proper that, in any remarks which I shall make, I should regard those differences of opinions. I am debarred, if I have any special views on important matters which, to a certain extent, divide the members of our school, from referring to them, and it will not be out of place for me to urge members of this Institute to refrain from publishing such articles of a general or personal nature as tend to breed dissension in our ranks. We are not in danger from those who, styling themselves 'regulars,' have, by fair and foul means, for nearly three-quarters of a century, been endeavoring to arrest our progress. (But little more than half a century has passed since Dr. Gram, the pioneer of homœopathy in America first located in this country.) Notwithstanding this abuse our numbers have steadily increased, and are constantly increasing. Our system has grown in popularity, till now six thousand physicians practice in accordance with our law—or perhaps, speaking more accurately, to the best of their ability in accordance with our law—in the United States alone—and we learn from the report of our Bureau of Registration and Sta-

tistics that we have 11 homœopathic medical colleges, 38 homœopathic hospitals, 29 dispensaries, 23 State societies, 92 local societies, and some 16 homœopathic medical journals; and, in addition, to all this, although homœopathy is not credited with the change, our method of treatment is being generally adopted by the advanced members of the opposing school. If the statement made by your President for the year 1879, and renewed by this Institute, that 'one who only occasionally prescribes homœopathically is a homœopathist' is accepted, our number would be more than quadrupled. Taking this statement and that of the editor of a prominent medical journal, in response to the question, What constitutes a regular practitioner? it is difficult to draw the line between the homœopathic and the so-called 'regular physician.' He says: 'Our correspondent's inquiry is a little difficult to answer in the absence of any distinct and authorized declaration on the part of the prominent medical associations of this country. The code of ethics is silent on the subject, and, so far as we are aware, the American Medical Association has never given a definition of the phrase 'regular physician.'

"The code, however, states that no one can be considered a regular practitioner, or a fit advocate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, or organic chemistry.' He says, further: 'This, it will be perceived, is a negative declaration, and we believe, that, as a matter of fact, the persons answering this description are now quite few in number. It certainly does not strictly apply to a large proportion of the so-called homœopaths of this country. As the homœopathic colleges teach anatomy, physiology, pathology, and organic chemistry, it is hardly to be supposed that their graduates reject these aids in actual practice.' And again the same editor says, in another article entitled 'Lord Beaconsfield and homœopathy:' A physician should not be ostracized because he thinks there are some useful remedies in the so-called homœopathic therapeutics which can be prescribed in very small doses with good effect, or even because he thinks that the *similia similibus* principle is a suggestive guide in the use of remedies.

"It strikes me there should be no great difficulty in defining the word 'regular,' as applied to practitioners of medicine. Homœopaths have always, since the term was introduced, objected to the exclusive use by the dominant school of medicine, as applied to themselves, of the word 'regular,' and we have also taken exception to the use of the word 'irregular' as applied by them to us, and have claimed that there was no legal or rational reason for this misapplication of terms. Contending most positively that every regularly chartered medical college was a regular medical college, and that every graduate of such a college was a regular practitioner of medicine.

"Now, in the absence of any distinct and authorized declaration by the prominent medical associations of this country, as to what constitutes a regular practitioner, and, as the code of ethics of the American Medical Association is silent on the subject; and as no medical body has ever given a definition of the phrase 'regular physician,' and as the members of this body claim to be regular physicians, and as we have the same right as any other organization to define the words regular and irregular, and as there is much in the right of priority, would it not be well for this Institute, taking Webster's *Unabridged Dictionary* as its guide, to define, for the benefit of the medical profession at large, the terms regular physician and irregular physician? Webster defines the word regular as 'conformed to a rule; agreeable to an established rule, law, or principle, to a prescribed mode, as: a regular practice of law or medicine—governed by rule or rules—steady or uniform in course—not subject to unexplained or irrational variation—



instituted or initiated according to established forms of discipline, as: a regular physician.' Taking the history of medicine for the past fifty years as our guide, I would ask to which system does the term 'regular,' according to Webster's definition, apply?

"I can but consider it an evidence of the progress of homœopathy that there should be in the American Medical Association, at this day, men bold enough to express their views in opposition to attempted legislation on the subject of so-called irregular practitioners. It is an evidence of the progress of homœopathy that the editor of a leading medical journal of the dominant school should have had the courage, in commenting upon the recent action of that Association, in declaring and making it a section of their code that: 'It is not in accordance with the interest of the public, or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for—or otherwise be specially concerned with—the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine' to say in his leading editorial: 'We have no hesitation in saying that the action taken will not be indorsed by a majority of the profession of the country.' 'We are forced to acknowledge that the association has taken a step backward in its present course.' 'The Association by its course has done a stupid thing in voting as it has done.' I would myself add that the American Medical Association has stultified itself by legislating in regard to irregular practitioners without being able from its code to state the meaning of the term 'irregular'—it has stultified itself by refusing to take part in the medical education of those who believe in the homœopathic law of cure or who propose to practice in accordance with that law—for its members well know that our students are not dependent upon them for their education in medicine. They well know that we have colleges of our own where every branch of medicine is thoroughly taught by able professors and specialists in every branch.' They well know that our colleges have the confidence of our school, and that the number of students excluded from their institutions by this anathema, should it be carried into effect, would not in the entire United States amount to a baker's dozen; they well know that this action will not in the least affect the standing of our school, interfere with the progress of homœopathy or lessen the hold which it has on the confidence of intelligent communities in all parts of this broad and free land. That majority who succeeded, notwithstanding powerful opposition, in passing the resolution, has stultified itself in the estimation of the laity who have never countenanced the repeated efforts to suppress freedom of honest thought and action, in relation to the practice of medicine. It has stultified itself by its effort to appear above the practitioners of our own school in medical learning. It is Plutarch who said, 'The husbandman is always best pleased to see those ears of corn which decline, and by reason of their fulness bend downwards to the earth; but looks upon those as empty, deceitful, and insignificant which, because they have nothing in them, grow bolt upright and appear above the rest.' The future of homœopathy will prove that it had been far better had the old school quietly committed the whole matter to oblivion.

"It is an evidence of progress that when in this American Medical Association it was proposed to indefinitely postpone action on the amendment to the code, out of 206 members present 102 voted in favor of so disposing of it. Three more affirmative votes, and the National Old-school Association would have been saved the mortification in the future, of having the follies of the past brought to their recollection by being obliged, in order to retain their self-respect, to rescind this unwise addition to their code. That time will surely come. But for the notable absence of many of their representative men, this amendment would never have been entertained.

"It is an evidence of progress, that our students are becoming more and

more thorough in pathology, pathological anatomy, and diagnosis. Whatever our views may be as to the 'all-embracing, never-changing character of our law of cure,' as scientific men, having the best interests of our patients at heart, we cannot urge too forcibly upon our students the importance of a knowledge of the pathology of every case. But if we, in our studies, have paid perhaps too much attention to therapeutics to the neglect of pathology, have not old-school physicians paid too much attention to pathology, to the neglect of therapeutics? In another decade they will be forced to acknowledge that a large portion of their therapeutics has been learned from the investigations of Hahnemann and his followers. They are learning now, in spite of their prejudices; not by investigation, but by the evidence in their very midst—before their very eyes—of the virtues of certain remedies in small doses, heretofore used exclusively by us. Some among them are bold enough and honest enough to publicly acknowledge this. Our therapeutics are in advance of theirs. But the physician's duty does not begin and end with the selection of the most accurately indicated remedy for a given train of symptoms. The importance of a correct and early diagnosis is acknowledged by all. Who of us cannot bring to mind instances of lives sacrificed to the want of this pathological knowledge—of patients who, from a lack of it, have been permitted to follow certain pursuits in life, to continue the gratification of certain indulgences, which were the primary and the only causes of the fatal diseases for which we have been called on to prescribe—diseases, in their early stages and under proper hygienic measures, curable?

"On the subject of medical education, the views of the Institute are well known. An entrance examination has been recommended, a more thorough period of study, and a rigid final examination by a board of examiners in no other way connected with the colleges; and what is very important, it has been advised that preceptors discourage proposing students deficient in general education from entering on the study of medicine. It undoubtedly seems to many of the members of this Institute an easy matter for our colleges to conform to these suggestions. If, by national law, it were possible to regulate the course of instruction, the term of study, and the requirements for the degree of Doctor of Medicine in the various States, so that there should be a uniformity in these matters, the task would be an easy one. But, from correspondence had with some of the ablest legal authorities in the land, I am led to believe that a doubt exists as to the power of the National Government to pass laws regulating admissions to our profession. Unfortunately, few medical colleges are endowed, and those endowed are not sufficiently so to enable them to be entirely independent. They cannot exist without students, and so long as a degree is more easily obtained at one college than at another, a large majority of students will go to that college, and any attempt at reform in these respects has had the effect of diminishing the size of classes; but, notwithstanding this fact, many of our medical colleges have profited by the suggestions of the Institute, and have made their course of instruction all that could be desired. Some have made three college terms compulsory; some have inaugurated an entrance examination; and some have an independent board of examiners. But there is an absence of uniformity. Our standard is certainly equal to that of the old-school colleges of this country, as is also our course of instruction; and if there were a prospect of the newly-added clause in the code of the American Medical Association, excluding homeopathic students from their instruction, being enforced instead of remaining a 'dead letter,' our colleges could, in matters of medical education, establish rules which would be rigidly followed by all.

"But from the date of his matriculation the student of medicine begins to look forward, with a feeling akin to dread, to that final examination. To be placed back a year is magnified into a calamity, a disgrace which will fol-

low him through life. Is it any wonder, then, that there should be a disposition on the part of the students—except by the few having confidence in their own abilities—to avoid colleges having a reputation for thoroughness as regards these examinations?

“During the past years, several of the States have legislated upon the subject of the practice of medicine within their boundaries, the object being suppression of quackery; but there is a lack of uniformity, and in many States the law is not enforced. In the great city of New York, notwithstanding the stringent State law passed since the last meeting of the Institute, hundreds are engaged in the practice of medicine in direct violation of that law.

“In my opinion a law could be drafted acceptable to all the States and to the various schools of medicine, which would, if passed and enforced, not only regulate the practice of medicine throughout the Union, but which would establish a uniform standard of medical education and uniform qualifications for graduation; and I would respectfully suggest that the proper committee of this Institute be requested to consider the matter and to draft a law, which, in their opinion, would cover the whole ground, and present it to the Institute for approval.”

After referring to the prompt issue and attractive appearance of the *Transactions* for 1880, and to the publication of all the back volumes, including those of the World's Convention, he closed with an impressive tribute to the memory of the late Dr. Constantine Hering, the first President of the Institute.

The address was referred to a committee consisting of Drs. Cooke, Morse, and Owens.

An Auditing Committee was also appointed, consisting of Drs. Orme, Talbot, and Valentine.

Reports were received from the committee on publishing the *Transactions* of 1880, Dr. J. C. Burgher, of Pittsburg, chairman, and from the editor of the *Transactions* of 1876 and 1879, Dr. J. C. Guernsey, of Philadelphia. A vote of thanks was tendered to Dr. Guernsey and the publishing committee for the able manner in which they had performed their duties.

The Treasurer presented his report showing at the beginning of the year just closed, a balance in his hands amounting to \$2550.29; receipts during the year, \$5191.50; disbursements, \$7630.36; leaving a balance on hand of \$111.43. The report was accepted and duly referred.

The Necrologist, Dr. Henry D. Paine, of New York, then reported the deaths, within the past year, of eleven members: Drs. C. Hering, of Philadelphia; C. A. Stevens, of Scranton, Pa.; Garrett D. Crispell, of Kingston, N. Y.; Abner R. Bartlett, of Aurora, N. Y.; John L. Clark, of Fall River, Mass.; Levi E. Ober, of La Crosse, Wis.; Moses F. Page, of Appleton, Wis.; Ephraim C. Beckwith, of Columbus, O.; Marcello M. Gardiner, of Utica, N. Y.; Albert Hammond, of Hagerstown, Md.; Delany T. Connor, of New Haven, Conn.; and



H. L. H. Hoffendahl, of Boston, Mass. He further reported information in reference to the death of the following which occurred previous to the last annual meeting, viz.: Drs. Moses Dodge, of Portland, Me.; Jacob Schmidt, of Baltimore, Md.; T. C. Stevenson, of Carlisle, Pa.; William E. Freeman, of Wilmington, N. C.; J. H. Woodbury, of Boston, Mass.; G. R. Knight, of Collegeville, Pa.

A partial report of the Board of Censors was presented by its chairman, Dr. F. R. McManus, of Baltimore. The report included the names of a number of physicians applying for membership in the Institute.

A communication was received from the Homœopathic Medical Society of the City and County of New York, tendering a reception to the members of the Institute at such time as they might fix. The invitation was accepted and referred to the Executive Committee.

The Bureau of Organization, Registration, and Statistics reported through its chairman, Dr. I. T. Talbot, of Boston. The bureau offered the following recommendations for action by the Institute:

1. That the application-blank now in use be so changed as to form a direct application for membership, to be filled up and signed by the applicant, and to include also a certificate of the applicant's qualifications, to be signed as heretofore by three members.

2. That newly-elected members may become life-members by paying, in one sum, \$100 into the treasury.

3. That other members may become "senior members," and be exempt from further payment, by paying the sum of \$5 for each year remaining of the twenty-five years necessary to constitute him a senior.

4. That the names, residences, and qualifications of applicants for membership shall be posted in some conspicuous place for general inspection, at least twenty-four hours before they can be elected.

5. That the number of vice-presidents be increased to four.

6. That the Treasurer be paid a salary of \$300 per annum, and be required to give bonds in the sum of \$3000.

7. That the various bureaus shall strictly observe the by-law requiring them to decide upon and arrange the work of the year, before the close of the session at which they are appointed.

8. That the Secretary shall send annually to each member of the Institute, before the 1st of January, an outline of the work of the next succeeding annual session.

The bureau also made mention of the various directories of homœopathic physicians, mentioning more particularly the list of Institute members, published annually, the list kept by the Homœopathic Mutual Life Insurance Company, of New York, and the Directory issued by Dr. J. Pettet, of Cleveland, Ohio.

The bureau reports 842 members in the Institute at the beginning of the present session. They also report 24 State societies and about 100 county and other local societies. There are 38 hospitals, 13 of which report 1007 beds (the remainder being yet to hear from), and 13,877 patients treated, with a mortality of 2 1-10 per cent. Out of a total of 31 dispensaries, 17 have reported 62,137 patients treated, receiving 193,772 prescriptions at a cost of about \$6000.

There are 11 colleges with 1250 students, and 431 have graduated the past year. Seventeen journals are published in the country.

The Bureaus of Psychological Medicine, of Sanitary Science, of Materia Medica, etc., and of Clinical Medicine, then presented their papers by title, which were accepted and referred for publication, and were then recommitted to the bureaus for discussion in the sectional meetings.

The Board of Censors then recommended the election to membership of the sixty-nine physicians whose names had been reported earlier in the day, and they were duly elected. The session was then adjourned.

*Second Day.*—The President in the Chair. The report of the Auditing Committee was presented and accepted for publication.

The Executive Committee recommended Friday evening as a suitable time for the reception tendered to the Institute by the Homœopathic Medical Society of the City and County of New York, and the recommendation was adopted, with the thanks of the Institute to the New York society.

Communications were received from the commissioners of Public Charities and Corrections and from the medical staff of Ward's Island Hospital, inviting the members to visit that institution during the afternoon. The invitations were accepted with thanks.

Verbal reports from a large number of State and local societies were then presented by their delegates, the reports embracing statements of the age of the societies, number of members, times of stated meetings, etc., together with a general account

of the condition and progress of homœopathy in the respective States and localities. Nearly all these reports were of an exceedingly interesting and encouraging character.

Besides these State and local societies, the American Ophthalmological and Otological Society was represented by a report given by Dr. F. Park Lewis, of Buffalo. This organization has from forty to fifty members and its numbers are rapidly increasing. The papers presented and discussed in its meetings are most instructive and profitable.

Upon the presentation of the report from the Pennsylvania State Society by Dr. T. M. Strong, it was mentioned that Dr. Henry Detwiller, the venerable pioneer of homœopathy in the State, was present. The announcement was received with hearty applause, in response to which Dr. Detwiller simply rose in his place and presented a report from the Lehigh Valley Medical Society, from which he was the accredited delegate.

The Board of Censors recommended twenty-four additional candidates for membership and they were duly elected.

DR. PEMBERTON DUDLEY, chairman of the Committee on Medical Literature then read his report. It embraces the titles of thirty-six volumes issued during the year, and of twenty American and English journals, also of nine foreign journals. The books contain an aggregate of about 16,000 pages, and the American and English journals, about 11,300 pages, making an aggregate of over 27,000 pages of English homœopathic literature printed during the year.

The following bureaus then presented their papers by title, which were accepted and referred for discussion and publication, viz.: the Bureau of Obstetrics, of Pædology, of Ophthalmology, Otology and Laryngology, and Gynæcology. Adjourned.

*Third Day.*—DR. W. H. WINSLOW, chairman of the Committee on Foreign Correspondence, reported that during the year he had received no letters of importance from foreign correspondents; most of the correspondence of the last year having been sent to the Committee on the International Homœopathic Convention.

The President expressed the view that during the next year there would be some very important correspondence, and therefore reappointed Dr. Winslow, as chairman of the committee.

DR. J. P. DAKE, of Nashville, reported as a delegate to the



American Public Health Association. He said that several homoeopaths were members of that body and presented papers at the last meeting, which was a very interesting one.

DRS. A. R. WRIGHT, of Buffalo, and M. T. Rummels, of Indianapolis, Ind., were appointed delegates for the ensuing year.

DR. J. C. MORGAN was appointed chairman of the Committee on Legislation for the next year.

DR. C. H. VILAS reported on the subject of railroad fares. Committee for next year, Drs. C. H. Vilas, A. C. Cowperthwait and N. R. Morse.

The report of the Committee on the International Homœopathic Convention was presented by Dr. I. T. Talbot, chairman. About thirty American physicians expect to attend the convention.

DR. A. C. COWPERTHWAIT offered a resolution providing for the abolishment of the sectional meetings and the presentation of a synopsis of the papers, to be prepared by the bureau chairmen for discussion in general session. The resolution was adopted.

The Board of Censors reported the names of thirteen additional candidates for membership, and they were duly elected.

At 12 o'clock the Institute proceeded to elect officers to serve from January 1st, to December 31st, 1882. (See p. 406).

Propositions were then received relative to the place and time of holding the next annual session, and Richmond, Va., Chatauqua Lake, N. Y., and Omaha, Neb., were mentioned, and the claims and advantages of each were discussed. It was finally ordered, that the next session be held in Richmond, Va., beginning on Tuesday, June 6th, 1882. (This is in response to an invitation of several years' standing).

The Bureaus of Surgery, of Microscopy and Histology, and of Anatomy and Physiology, then presented their papers by title, which were referred as usual.

A number of announcements were made, and the session then adjourned until the next morning.

*Fourth Day.*—President Dowling in the chair.

On motion, it was ordered that the entire list of censors be printed in the programme of the next annual session.

The Board of Censors made their final report recommending five physicians, who were then duly elected to membership.

The Institute then held A MEMORIAL SESSION in honor of the eleven members who had died during the year.

DR. J. C. BURGHES read an appropriate eulogy, and Dr. J. O. Morgan, spoke on behalf of the Philadelphia County Society in memoriam of the late Dr. Constantine Hering.

Appropriate remarks were also offered by Drs. J. P. Dake, of Nashville, Tenn.; H. M. Smith, of New York; F. R. McManus, of Baltimore; T. C. Duncan, of Chicago, Ill.; Dr. Fisher, of Montreal; I. T. Talbot, of Boston, Mass.; P. G. Valentine, of St. Louis, Mo.; S. R. Beckwith, of Washington, D. C.; M. M. Eaton, of Cincinnati, O.; and William Von Gottschalk, of Providence, R. I.

DR. CHARLES MOHR, of Philadelphia, asked that the Memorial Address just delivered, in so far as it refers to Dr. Hering, as also the remarks upon the same subject by the President in his annual address, be added to the prospective memorial volume now in course of preparation by the literary executors of Dr. Hering.

DR. J. P. DAKE moved, and the Institute ordered, that Dr. Mohr's request be complied with.

On motion, a committee, consisting of Drs. H. M. Smith, T. F. Allen, H. D. Paine, S. R. Beckwith and A. R. Thomas was appointed upon the subject of the purchase of Dr. Hering's library.

DR. H. M. SMITH read a letter from Bogota, referring to the death, on April 18th, of Dr. Ignacio Pereira, president of the Homœopathic Institute of the U. S. of Colombia. A committee consisting of Drs. H. M. Smith, A. C. Cowperthwait, and E. A. Farrington was appointed to draw up appropriate resolutions in view of this event.

The Intercollegiate Committee reported, recommending that the list of graduates of the homœopathic colleges, as furnished by the committee, be published in the *Transactions* as already ordered by the Institute. The committee also reported that evidence had been received tending to show that the organization now carrying on business under the name and title of the Homœopathic College of Missouri may possibly not be in all respects a regularly chartered college. The committee recommends that the censors be instructed not to recommend the election to membership in the Institute of any person graduating from said institution, from and after March, 1880, pending an investigation into the character of the college.

DR. J. P. DAKE offered a resolution, providing that whereas, in the Edinburgh subscription edition of the *Encyclopædia Britannica*, the article "Homœopathy" does gross injustice to the new school of medicine, Dr. J. F. Cooper, of

Allegheny City, be appointed to bring the matter to the attention of the publisher and of the public. The resolution was adopted, as was also a similar resolution in reference to the American reprint of the *Encyclopædia*, the committee consisting of Drs. C. Mohr, J. C. Morgan, and J. C. Guernsey.

During the discussion on the above resolutions, Dr. Cowperthwait stated that he had been in correspondence with the publishers of the *Encyclopædia* previous to the publication of the article referred to, showing that the injustice of the article was due either to wilfulness or to inexcusable neglect.

A discussion then ensued upon the practice of members serving upon two or more bureaux at the same time, but no action was taken thereon.

The by-laws were so amended as to include the subject of pathology, in the Bureau of Anatomy and Physiology.

On motion of Dr. W. H. Winslow, of Pittsburg, Dr. A. Claude, of Paris, was elected a corresponding member of the American Institute of Homœopathy.

The following preamble and resolution were offered by John C. Morgan, M.D., of Philadelphia, and adopted.

*Whereas*, The members of the American Institute of Homœopathy have watched with intense interest the progress of our cause in Great Britain and other foreign countries, and especially as to hospital and educational interests; and,

*Whereas*, The possession of a "Fellowship" conferred by some medical corporation is said to be a necessary qualification of candidates for hospital and other public appointments in London and elsewhere; therefore,

*Resolved*, That the Bureau of Organization, Registration and Statistics be instructed to consider the question whether this body may properly adopt amendments to its constitution and by-laws, establishing a new order of membership, to which homœopathic physicians of great eminence, American and foreign, may be elected under suitable conditions and requirements, and report at the next meeting of the Institute.

A vote of thanks was tendered to the chairmen and members of the bureaux for the valuable papers presented at the session, also to the officers of the Institute for the faithful manner in which they had performed their duties. Also to James H. Breslin, Esq., proprietor of Hotel Brighton, for the kindness and courtesy shown to the members and their friends.

A special vote of thanks was tendered to President Dowling for his kindness and courtesy to the Institute, and the magnificent manner in which he had entertained the members and their friends. The vote was taken with a rousing and unanimous "AYE."

The New York *Medical Times* was also tendered a hearty



vote of special thanks for its careful daily published bulletin of the proceedings.

The Institute then adjourned, to meet in Richmond, Va., June 6th, 1882.

There were present about three hundred and twenty-five physicians, and one hundred and eight new members were received.

The following is the list of officers elected, and bureaus and committees appointed, for the ensuing year :

*President.*—W. L. Breyfogle, M.D., Louisville, Kentucky.

*Vice-President.*—Bushrod W. James, M.D., Philadelphia, Pennsylvania.

*General Secretary.*—J. C. Burgher, M.D., Pittsburg, Pennsylvania.

*Provisional Secretary.*—J. C. Guernsey, M.D., Philadelphia, Pennsylvania.

*Treasurer.*—E. M. Kellogg, M.D., New York, N. Y.

*Neurologist.*—Henry D. Paine, M.D., New York, N. Y.

*Censors.*—F. R. McManus, M.D., Baltimore, Maryland ; Millie J. Chapman, M.D., Pittsburgh, Pennsylvania ; L. S. Ordway, M.D., Hot Springs, Arkansas ; J. R. Reading, M.D., Somerton, Pennsylvania ; R. B. Rush, M.D., Salem, Ohio.

*Bureau of Materia Medica, Pharmacy, and Provings.*—

E. A. Farrington, M.D., Chairman ; A. C. Cowperthwait, M.D., T. F. Allen, M.D., W. Owens, M.D., W. J. Hawkes, M.D., W. P. Armstrong, M.D., K. Parsons, M.D., W. H. Leonard, M.D., L. D. Morse, M.D., H. C. Allen, M.D., W. B. Kenyon, M.D., A. W. Woodward, M.D.

*Bureau of Clinical Medicine.*—T. F. Pomeroy, M.D.,

Chairman ; D. Thayer, M.D., N. F. Cooke, M.D., S. Lilienthal, M.D., A. Lippe, M.D., P. G. Valentine, M.D., N. R. Morse, M.D., J. C. Morgan, M.D., J. W. Dowling, M.D., J. S. Mitchell, M.D., E. A. Farrington, M.D., E. Rushmore, M.D., A. R. Barrett, M.D., W. M. Cate, M.D.

*Bureau of Surgery.*—A. R. Thomas, M.D., Chairman ;

W. T. Helmuth, M.D., I. T. Talbot, M.D., W. A. Reed, M.D., S. R. Beckwith, M.D., L. H. Willard, M.D., J. H. McClelland, M.D., J. E. James, M.D., E. C. Franklin, M.D., C. L. Green, M.D., C. M. Thomas, M.D., F. E. Doughty, M.D., N. W. Kneass, M.D., N. Schneider, M.D.

*Bureau of Gynecology.*—H. Minton, M.D., Chairman.

*Bureau of Obstetrics.*—G. C. Higbee, M.D., Chairman ; C.

Ormes, M.D., George B. Peck, Jr., M.D., S. M. Cate, M.D., Mary L. Swain, M.D., E. C. Morrill, M.D., H. H. Hofmann, M.D., S. P. Burdick, M.D., J. N. Mitchell, M.D.; J. P. Mills, M.D., M. J. Chapman, M.D., Mary D. M. Matthews, M.D.

*Bureau of Paedology.*—C. Ormes, M.D., Chairman.

*Bureau of Psychological Medicine.*—S. Lilienthal, M.D., Chairman; J. R. Haynes, M.D., O. P. Baer, M.D., T. L. Brown, M.D., M. Deschere, M.D., S. H. Talcott, M.D., W. M. Butler, M.D., E. H. Lawton, M.D., J. C. Guernsey, M.D., P. G. Valentine, M.D., S. Worcester, M.D., Mary A. B. Woods, M.D.

*Bureau of Ophthalmology, Otology, and Laryngology.*—F. Park Lewis, M.D., Chairman; G. S. Norton, M.D., H. C. Houghton, M.D., J. H. Buffum, M.D., J. M. Schley, M.D., W. A. Phillips, M.D., W. H. Winslow, M.D., C. H. Vilas, M.D., D. J. McGuire, M.D., D. B. Hunt, M.D.

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*Committees on Encyclopædia Britannica.*—1. For the Edinburgh Edition, J. F. Cooper, M.D., Allegheny City, Pa.; 2. For the American Reprint, Charles Mohr, M.D., J. C. Morgan, M.D., J. C. Guernsey, M.D., of Philadelphia.

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#### SECTIONAL MEETINGS.

*General Sanitary Science, Climatology, and Hygiene.*—This bureau reported the following papers, some of which were read and discussed, viz.:

1. "Progress of Sanitary Affairs during the Year; Introductory Paper on Hygiene and Medication in General," by Bushrod W. James, M.D., chairman of the bureau.
2. "Personal Hygiene as to the Air Breathed," by D. H. Beckwith, M.D., Cleveland, Ohio.
3. "Personal Hygiene as to Dwellings Occupied," by T. S. Verdi, M.D., Washington, D. C.
4. "Personal Hygiene as to Business Followed," by A. R. Wright, M.D., Buffalo, New York.
5. "Personal Hygiene as to Habits Formed," by T. P. Wilson, M.D., Ann Arbor, Michigan.
6. "Personal Hygiene as to Districts Inhabited," by E. U. Jones, M.D., Taunton, Massachusetts.
7. "Personal Hygiene as to Fluids Drank," by George M. Ockford, M.D., Burlington, Vermont.
8. "Personal Hygiene as to Business Followed," by H. W. Taylor, M.D., Crawfordsville, Indiana.
9. "Personal Hygiene as to Clothing Worn," by L. D. Morse, M.D., Memphis, Tennessee.
10. "Personal Hygiene as to Sewage Proper," by W. M. Cate, M.D., Washington, D. C.



DR. JAMES presented his paper, in which he referred to some of the more serious defects of common methods of sewerage. He described the two systems adopted in the city of Memphis, Tennessee, the one for surface water, and the other for house drainage, with Field's system of automatic reservoirs, provided for flushing out the sewers once in twenty-four hours or oftener. Regarding the filtrations of drinking-waters, he spoke of the recent experiments upon this subject, which show conclusively that sand affords absolutely no obstruction to the passage of organic poisons or disease germs from sources of pollution into streams or wells. Quite a number of other important matters of sanitary interest were embraced in the paper.

Dr. E. U. Jones's paper referred in the first place to the absorbing power of deeper strata or subsoils—*i. e.*, their capacity for removing morbid elements from the surface. The fluctuation of "ground-water" and its flow beneath the surface, as also the movements of the "ground-air" were considered at length, as exhibiting predominant causes of outbreaks of malarial, and perhaps other types of disease in certain well-defined districts. Considering that the movements of ground-air are determined largely by fluctuations in the general level of ground-water, he held that the objects of drainage even in cities, should be not only to remove filth, but also to preserve the ground-water, as nearly as possible, at a uniform level.

Dr. Verdi's paper, upon the sanitation of dwellings, after a brief consideration of the questions of locality and general surroundings, was addressed more particularly to the prevention of undue moisture in the walls, and lays down the following principles: 1. That dry walls are conducive to health, and wet ones to disease. 2. That the dryness of a wall can be secured and maintained only by the passage of air *through* the wall, as well as by ventilation on either side of it. 3. That, hence, porous materials alone should be used in their construction. 4. That houses should not be occupied until their walls are thoroughly dry. 5. That a house, occupied while its walls are still wet, is prevented from becoming dry, by the moisture created by its occupants. 6. That a porous wall permits the escape by evaporation of internal moisture, but an impervious wall does not. 7. That damp walls are expensive because of the great amount of heat used in evaporating their moisture.

The doctor then considered the subject of house plumbing in some of its details, and followed with the question of ven-

tilation, giving suggestions as to practical methods for securing that object.

Dr. Wilson's paper on "Habits" in their relation to health, advances the general idea that habits which relate closely to the individual, are usually healthful, while those of a more or less social character, are not unfrequently injurious. That while men's habits as to food, clothing, habitations, etc., enable them to live under great varieties of climate, yet these same habits involve more or less tendency to and danger of disease. The author of the paper also sustains the views that man possesses the capacity to adapt himself to his environment, and that under this natural capacity, even morbid agencies gradually lose their power over him. He undertakes thus to explain the apparently lessening virulence of small-pox, syphilis, cholera, etc.

In the paper on "Personal Hygiene as to Fluids Drank," the writer—Dr. G. M. Ockford,—considered the effects upon the economy of pure and impure water,—of water which is simply "dirty" and that which is contaminated with *organic* impurity, either animal or vegetable. The habitual use of alcohol, tea, coffee, absinthe, etc., was regarded as hurtful to most persons. The sale of alcohol, the writer thought, should be regulated precisely as is that of other poisons. The dangers arising from the use of polluted milk, and the sources of its pollution in dirty stables, and the powerful absorbing power which milk exerts upon putrescible substances, were dwelt upon at length. The paper was essentially a practical one, and abounded in valuable hints and suggestions.

A brief discussion followed the reading of the papers.

*Materia Medica, Pharmacy, and Provings.* This bureau presented several papers through its chairman, Dr. A. C. Cowperthwaite, which were read and discussed in sectional meeting. Among these were reports of provings and of clinical experiences, with—1, *Caladium Seguinum*; 2, *Papaya Vulgaris*; 3, *Viburnum Opulus*; and 4, *Linaria Vulgaris*; also papers with the following titles.

5. "History and Pharmacology" (of the above-named drugs), by E. M. Hale, M.D., Chicago, Ill., and J. Heber Smith, M.D., Melrose, Mass.

6. "Fragmentary Observations on the Provings," by A. C. Cowperthwaite, M.D., Iowa City, Iowa.

In addition to the above papers there were others—viz.:

7. "Physiological Materia Medica," by E. A. Farrington, M.D., Philadelphia, Pa.

8. "Confirmed Symptoms," by E. A. Farrington, M.D., Philadelphia, Pa.

9. "Mode of Drug Action," by Wm. Owens, M.D., Cincinnati, Ohio.

The reports embraced a large number of experiments with the different drugs, only a small proportion of which resulted in the production of well-defined symptoms. With *Papaya Vulgaris*, there were four or five excellent provings obtained under the supervision of Dr. W. H. Leonard.

Among the symptoms observed were increased mental activity, by two provers; and the opposite condition was noted by several others. Headache, frontal, by 3 provers; left side bruised, 3; front to back, 2. Profuse coryza, 2; dry tongue, 2; costiveness, nausea after dinner; urine scanty, with burning before and after micturition; sound of running water excited desire to urinate. Male organs of generation, depressed function; flaccidity of the parts; nocturnal emissions without dreams; hoarseness in evening, 3 provers; languor, drowsiness, muscular debility, and loss of flesh, 2 provers; excessive itching all over, 4 provers; red, sore points like acne in bends of knees; itching behind the ears, etc.

On *Caladium Sequinum*, there were 95 experiments, nearly all of which proved worthless. A few observers, however, obtained valuable symptoms, *e. g.*: Confusion, 7 provers; vertigo on rising; dulness of forehead and eyes, 3; pressure in temples, 4; dull aching in posterior portion of eyeballs, with redness of lids, 5; smarting of eyes; diarrhœa, followed by burning in anus; sexual desire increased; emissions without dreams, 2; cramps in uterus every night after midnight; weariness, 3; amelioration by motion and in the open air.

*Viburnum Opulus*, 6 provings, reported by Dr. W. J. Hawkes, gave irritability, 2; excitement, 1 prover thought he was poisoned; vertigo; dull headache; severe left temporal headache; constant nausea, 5; food lies heavy, 3; constipation, 4; increased urine, 3; menses too early, too profuse and jelly-like; leucorrhœa thick, white, copious; pain in right ovary, 2; left ovary, 1; legs weak and heavy; flying pains, 4; one woman was relieved of pain during menstruation, and her pendulous abdomen was improved.

Dr. H. C. Allen considered the action of the drug similar to that of *Caulophyllum* and *Cimicifuga*. Nearly all the provers were remarkably free from pain. In several phlegmatic persons it failed, even in large doses.

In his fragmentary observations on these provings, Dr. Cow-



perthwaite called attention to the fact, that while Dr. Hale obtained no results from Papaya tincture, Dr. Allen observed symptoms from the 6th. Also that Drs. Cowperthwaite and Farrington failed to secure any symptomatic effects from Viburnum tincture, but had some marked results from the 3d and 6th.

"Clinical Experience with Viburnum," was the subject of a paper by Dr. W. Owens. He claimed to have secured permanent relief in cases of painful dysmenorrhœa, in contrast to the experience of Drs. Hale and Hawkes, who had obtained excellent, but only transitory, effects from the use of the drug, the symptoms returning if the remedy be withdrawn for a time.

Discussing the subjects treated of in the papers, Dr. T. F. Allen corroborated the statement that large doses of Viburnum do not act so well as smaller doses. He hoped the day-books of the provers would be published, because it is only through these daily records that we can study the natural evolution of the symptoms. He alluded to the statement that the French chemists had observed in the Jardin des Plantes, that Papaya *does* disintegrate fibrin in dead animals, though it has not yet been found to exert such an action on living tissue. The effect is supposed to be due to a ferment, and not to a poison.

Dr. W. Owens, referring to a Physiological Materia Medica, thought it did not go far enough. He thought that Nux in chills acts not upon the spinal column, but upon the sympathetic ganglia. He considers the solar plexus the centre of the circulatory, assimilative, and nutritive processes.

Dr. Lilienthal said that Papayin is a mere vegetable pepsin, and has been used to dissolve diphtheritic membrane. It is used also in dyspepsia, as an aid in the digestive process, and with success. This property of the drug may explain its action on animal fibrin.

Dr. Wm. Owens, of Cincinnati, then read his paper on "The Mode of Action of Drugs." He held that all morbid processes begin in disturbances of function, which if sufficiently intensified and prolonged, lead to organic lesion or tissue change. That drugs act alike upon all individuals, the results differing only because of the different susceptibilities of individuals. Further, he maintained that in order to secure certainty in therapeutics, we must accept only those symptomatic guides or indications which are the distinct, positive, and constant effects of the drugs prescribed. As the organic nervous system constitutes the centre of all vital processes, all dis-

turbances of function, and consequently all true homœopathic medication must produce their original impressions upon this part of the organism. Following out this view, he argued that morbid influences affect the *molecules* rather than the *masses* of protoplasm, and advanced the inference that from these propositions we may be able to construct a basis for a scientific materia medica.

The paper was discussed by Drs. T. F. Allen, Guy, Farrington, and M. N. Johnson. The sectional meeting then closed.

*Psychological Medicine.*—At the sectional meeting on this department, Dr. T. L. Brown, chairman of the bureau, presided, and papers were read on

1. "The Relation of Phthisis and Insanity," by S. Lilienthal, M.D., of New York, and

2. "Indispensables in the Cure of the Insane," by T. L. Brown, M.D., of Binghamton, N. Y.

In the paper of Dr. Lilienthal, a parallel was drawn between certain tissue changes in the cerebral tissues found in connection with insanity and those alterations of lung-structure observed in tubercular phthisis. He argued that as the pulmonary disease is in its earlier stages amenable to judicious treatment, so we may expect to find the incipient stage of insanity to yield to proper medicinal and hygienic measures.

Dr. BROWN's paper held the view that as mental diseases are always due to disorder of some one or more of the general functions, it follows that no method of treating these disorders can avail which does not include careful attention to the physiological requirements of the organism,—rest, exercise, food, pure and abundant air, mental repose, etc.

These papers were discussed at great length by Drs. Grosvenor, Thayer, S. M. Cate, S. R. Beckwith, Guy, Korndorfer, Dudley, McManus, Owens, J. B. Wood, Lukens, Morse, Jenney, Lilienthal, Brown, and others.

*Surgery.*—The sectional meeting for the consideration of the papers presented by the Bureau of Surgery was largely attended; Dr. H. F. Biggar, chairman of the bureau, presiding. The papers before the meeting were as follows:

1. "Septicæmia," by S. R. Beckwith, M.D., Washington, D. C.

2. "Lateral Curvature of the Spine," by J. H. McClelland, M.D., Pittsburgh, Pa.

3. "Modes of Treatment of Fracture of the Neck of the

Femur in the Aged and Feeble," by J. E. James, M.D., Philadelphia, Pa.

4. "Perimerrhaphy," by I. T. Talbot, M.D., Boston, Mass.
5. "Stricture of the Oesophagus," by D. W. Hartshorne, M.D., Cincinnati, O.
6. "Varicocele," by J. G. Gilchrist, M.D., Detroit, Mich.
7. "Amputations," by J. G. Jones, M.D., Cleveland, O.
8. "Suprapubic Lithotomy," by W. Tod Helmuth, M.D., New York, N. Y.
9. "Spinal Abscesses," by H. F. Biggar, M.D., Cleveland, O.

DR. McCLELLAND's paper on "Lateral Spinal Curvature" introduced what he called the "Pittsburgh modification" of the Vance jacket as an improved adjuvant in the treatment. He described his method of making and applying the apparatus, and enumerated its advantages over the Sayre plaster jacket and other somewhat similar apparatus. He insists that as there is so generally a constitutional involvement, there must be also a carefully-selected homœopathic medication, without which, good results are not to be hoped for.

DR. HELMUTH said he had reason to change some of his views in reference to the etiology of curvature, and that he holds that besides the mechanical etiology there is in a large number of cases a reflex or constitutional cause. He advocated, along with other treatment, such calisthenic exercises as are adapted to strengthen those muscles which are involved in the weakening process. He described the method of making the ordinary plaster jacket in such a manner as to allow of its daily removal for purposes of rest and cleanliness. He, too, insists upon the use of the proper homœopathic remedy.

DR. S. R. BECKWITH had found the plaster and Vance jackets of greatest use when the curvature involves the "small of the back," and of little use in other cases. He thought that if the old splint were applied with equal care as regards suspension, etc., it would prove almost as useful in many cases as the Sayre or Vance jackets.

DR. J. E. JAMES, in the course of somewhat extended remarks on the subject, called attention to the cheapness of the Vance jacket as an important desideratum in view of the fact that the great majority of curvatures come from the lower walks of life, where expensive apparatus is not to be thought of.

The discussion was further continued by Drs. Peer, Korn-dorfer, Morgan, Cheney, and McClelland.

DR. BECKWITH, in his paper on septicæmia, argued that



the nomenclature and also the pathology of blood-poisoning is incorrect, and gave forcible reasons why they should be revised. His paper embraced the results of personal observation in connection with various forms of blood-poisoning, and pointed out that the most dangerous cases are those preceded by a long period of incubation. He closed by describing the malady as occurring in his own person about a year ago, giving its causes, symptoms, and treatment.

The paper was discussed by Drs. B. W. James, Helmuth, McClelland, Morgan, and Keim, each of whom detailed personal experiences somewhat similar to that of Dr. Beckwith.

DR. TALBOT next read his paper on the "Treatment of Ruptured Perinæum," giving some suggestions drawn from his own experience.

DR. HELMUTH: The great difficulty is not merely to heal the laceration, but to make a new perineal body. He gave minute details of the operation as he now performs it, and closed with a description of a case in which profuse bleeding had attended the operation, which was followed in a few days by the sudden sinking and death of his patient. Dr. J. C. Morgan subsequently suggested that an embolism of the splenic artery, with its train of pathological sequences, might have been instrumental in causing the death of Dr. Helmuth's patient.

DR. J. E. JAMES's paper on "Fracture of the Neck of the Femur" urged the importance of devising methods by which the aged or enfeebled patient could at times assume the semi-recumbent posture without danger of displacing the fragments of bone. He cited two cases in which he had succeeded in obtaining such comfort for his patient, and without interfering with their progress toward recovery.

Drs. Thompson, Spaulding, and Morgan followed in a discussion of the paper, all of them urging the importance of the propositions advanced in the paper, and reciting similar experiences.

DR. BIGGAR read his paper on "Spinal Abscesses," giving its causes, symptoms, prognosis and treatment. Dr. Poulson then mentioned two cases, both of which had been declared by allopathic surgeons to be due to or connected with caries of the spine, but which recovered, the treatment consisting of incision, carbolic injections, and the administration of *Phos. ac.*<sup>200</sup>, on homœopathic principles.

DR. W. T. HELMUTH then gave a verbal dissertation on "Suprapubic Lithotomy." He said:

"Though I have no written paper to present to this meeting, I desire to say a few words upon a subject which has interested me for some years past, and which I am sure has not—for reasons which are self-evident—received the attention which it deserves. I refer to the high operation for the removal of stone in the bladder.

"Before, however, I say a word upon this subject, I wish to be understood as in no way disparaging litholapaxy, as introduced by Dr. Bigelow, and now practiced with wondrous success by surgeons in all parts of the world; but I am of opinion, when cutting operations are required, either from sensitive urethræ, enlarged prostate, tight strictures, or other disease, which would render the knife preferable to the lithotrite, that epicystotomy is the most simple and safe operation.

"I may be met at the outset, however, by the fact that the statistics of the operation, rated generally but erroneously at 1 to 3½, are sufficient evidence of the unsuccessful nature of the operation; to which I reply, that this percentage of mortality would be greatly diminished if a fair proportion of cases had been subjected to the suprapubic method. It is a well-known fact that hypogastric lithotomy receives but little notice in the textbooks of the day; that surgical lecturers briefly allude to it as only to be performed when other methods have failed; and since the time of Souberbielle, the majority of students go out from the medical colleges with a very imperfect knowledge of the operation, and with a vague idea that only the worst cases must be subjected to it. Franco, in 1560, is accredited with the first suprapubic lithotomy—although Cooper, in his Dictionary, gives priority to Callot, in 1475. Others go further into antiquity, and state that the operation dates 1000 years before the Christian era.

"From time to time it has had many advocates: Douglass, Cheseiden—who cut nine consecutive cases successfully—Middleton, Thornhill, Berrier, and especially Frère Côme—who made one hundred suprapubic operations with but nineteen deaths—being its strenuous upholders.

"It is a remarkable fact that, whenever a surgeon has advocated and practiced suprapubic lithotomy in most of the cases presented to his notice, that the rate of mortality has been very small. Dupuytren, and especially Souberbielle, have been its advocates in France; Gunther and Petersen in Germany; and C. W. Dulles in America. It was from reading Dr. Dulles's papers that I was convinced of the efficiency of the operation."

Dr. Helmuth then described the varied methods of performing the operation, and exhibited his modification of the *sonde-a-dard*, continuing as follows: "The real dangers of the operation are, 1st, and most important, urinary infiltration; 2d, peritonitis. The last-named, however, does not happen if moderate care be taken in the performance of the operation. In order to ascertain how high the bladder rises above the pubis when fully distended, and how much of its face remains uncovered by peritoneum, I had a number of experiments made in the Ward's Island Hospital, by injecting the bladder after death with water, and in some instances pushing the injection to the extent of rupturing that viscus. I found that it is safe to make a cut two inches and a half long in the median line, and in some instances even more, without coming in contact with the peritoneum; and even if this membrane be cut, it is not in these days considered such a terrible mishap as in former years.

"I may mention here, that what I consider the most remarkable suprapubic lithotomy on record, is that performed by Jean Doot, the smith, of Amsterdam, who cut himself with a shoemaker's knife above the pubis, removed a stone, and recovered. I may say, too, that I journeyed to Leyden for the express purpose of seeing the stone, the knife, and the certificate of the notary public, now preserved in the Medical Museum of that ancient city, and that I was well repaid for my trouble.

"The very fact that after both perineal sections have been unavailing,

and that lithotripsy impossible and of none effect, stones have been successfully removed by the hypogastric method, should incite us all to inquire into this method; and when, in addition, we consider the simplicity of the operation, and remember the class of cases which have been subjected to it, we will say that it has scarcely been justly represented, or a fair trial of its merits been given to it. I hope the members of this society will give the matter their serious consideration."

The meeting then adjourned.

*Gynecology.*—In this department, at whose meeting Dr. H. E. Spaulding presided, the papers presented were:

1. "Laceration of the Cervix treated without Operation," by R. C. Allen, M.D., Philadelphia, Pa.

2. "Laceration of the Cervix," by T. G. Comstock, M.D., St. Louis, Mo.

3. "Intra-mural Tumor of the Uterus—Removal," by C. Ormes, M.D., Jamestown, N. Y.

DR. ALLEN's paper described the use of topical methods, without sutures, in combination with a Fowler pessary. The ring pessary in such cases being inapplicable and injurious.

DR. ORMES's article gave an account of an interesting case of intramural uterine growth of fibro-cellular character. The tumor was removed through an abdominal incision, and recovery was steady and rapid, the pulse never rising above 95 nor the temperature above 100° F.

DR. OWENS cited five successful cases in his own practice, in which Ergotin hypodermically injected had effected cures of fibroids and similar conditions of hyperplasia. As he also used Ergot, per os, and administered the hypodermic injections at comparatively long intervals, Dr. Whittier was led to ask if it was by any means certain that the cures in such cases are due to the injections of the drug? Dr. Owens replied that in his opinion, all his cases got well from the effects of the hypodermic use of the remedy. If it be administered too frequently, ergotism will follow. The Ergot, by exciting strong and continuous contractions in the vascular walls, through the vaso-motor nerves, obstructs the nutritive blood-supply and thus favors atrophy of the peripheral tissues. In answer to a question by Dr. R. R. Gregg, Dr. Owens said the ergotin treatment, if judiciously applied, did not prevent subsequent pregnancy.

DR. GREGG believes that such cases ought to be treated on purely homœopathic methods, citing, in illustration, a case of uterine fibroid with coexisting lung symptoms. Pulsatilla "high" was given and recovery followed in six months, the



health remaining good for the ten years which have now elapsed. Two other cases were cured with Bellad. and another with Nux vom. Two of these patients subsequently bore children.

DR. FISK mentioned a case of extramural fibroid which he had cured with Ergot, fluid extract, 10 drops three times a day. No trace of the tumor remains. Dr. J. C. Morgan learning that this patient was anæmic, thin, short of breath on going up a flight of stairs, and had a scrawny "witch-like" appearance, claimed that this cure was homœopathic, even though the remedy was given in large doses.

The discussion was further continued by Drs. Owens and Biggar, after which the section adjourned.

*Obstetrics.*—Dr. George B. Peck, chairman of the bureau, presided and gave a collated report of cases sent him from ninety physicians on the subject of "Puerperal Mortality." From the tenor of these reported cases he was led to the following inferences, viz.: that in post-partum hæmorrhage, no physician should excuse himself from a resort to external manipulation and, if necessary, the use of hot-water injections; that in puerperal convulsions, palliation is often called for and does not contravene the teachings of Hahnemann, and that "the forceps and syringe cover more of the contingencies of parturition than the most ample medicine case." In nervous exhaustion, the treatment suggested varies greatly,—cinnamon-water, drop-doses of Ammonia, stimulants, dry friction. A number advocate the prompt use of the forceps. One recommends cold applications to the spinal region. ARN., BELL., CHINA, Camph., Acon., Ars., Calc. c., Coff., Hyperic., Phos. ac., Verat. alb., in about this order of frequency. Opiates, Cimicif., and Quin. sulph., are also mentioned.

Six physicians report deaths from hæmorrhages, and thirty-four have never lost such a case. In abortion, Ipec. and Secale seem to be favorites, but Sabina and Bellad. follow them closely in order of preference, then Hamam., China, etc. Tampons, etc., are in common use. Hot water used by one reporter who knows of "nothing like it." Vinegar, Iron, etc., are used topically to some extent.

In convulsions there is reported a mortality of fourteen in seventy or eighty cases. Remedies used have been, *Gels.*, *Bell.*, CHLOROFORM, Hyos., Apis, Canth., Tereb., Verat. v., Cicuta, etc.

Deaths among children at birth are too numerous. The

reports indicate that 18 of those mentioned could have been saved if forceps had been used. The writer concludes that we, as a school, do not pay sufficient attention to mechanical obstetrics.

The other papers read at the sectional meeting were

2. "Hæmorrhage as a cause of Puerperal Mortality," by Millie J. Chapman, M.D., Pittsburgh, Pa.

3. "Infantile Mortality due to Labor," by Prof. O. B. Gause, M.D., Philadelphia, Pa.

4. "The Prevention of Puerperal Fever," by C. G. Higbee, M.D., St. Paul, Minn.

5. "Post-Partum Perils," by I. W. Sawin, M.D., Providence, R. I.

6. "Extra-uterine Fœtation," by R. C. Allen, M.D., Philadelphia, Pa.

DR. EATON, discussing Dr. Chapman's paper, said the author says that a *slow* pulse sometimes precedes hæmorrhage, whereas it were perhaps correct to say that a slow pulse indicates that hæmorrhage is, not that it will be.

DR. GROSVENOR described a case of shoulder presentation, the protruding arm being black upon his arrival. He placed the patient in the knee-elbow position, and turned by the vertex, saving both mother and child. Another case, similar to the first, had been fifteen hours under the care of a midwife. Prolapse of the cord had also occurred, evidently but a short time before his arrival. He gave Chloroform, turned by the vertex and delivered with forceps, then restored the asphyxiated child with a bath of 102 to 104° F. This method of treating the asphyxiated infant he had often found effective. Always has the child bathed with warm lard or oil, never with water, thus avoiding catarrhs, etc.; dresses the cord with cotton-batting, not with stiff linen, and applies a soft flannel band without hems, and avoiding any incumbrance of the lungs or heart. He recommends loose clothing extending a short distance below the feet, has the child fed at regular intervals of about three hours during the day and once during the night. If the hygienic treatment be correct, the dentition is painless.

DR. MILLS, of Chicago, approved the methods of Drs. Gause and Grosvenor. He doesn't allow the mother to be bandaged.

DR. SPAULDING thought Dr. Grosvenor's ideas sounded well, but it was not always possible to carry them out, and their good effects were not always apparent. He mentioned his own children as a case in point. The one who ate and slept at its

own will was thrice as healthy as the other, which was brought up "on rule." He always bandages the mother, sees that the lower part is pinned close, and the upper part loose, and never saw any ill effects from it. On the contrary, cannot understand why we should support the abdominal walls after an operation for ascites, while we refuse the same support to the same structures overstrained by a pregnancy and the parturient process. He keeps the bandage on about seven to ten days.

DR. GAUSE thought that as the death of the infant is so frequently due to premature labor, it is important for us to know how best to check premature labor-pains. He always endeavors to ascertain and remedy the cause, if it be susceptible of a remedy. If these fail, a resort to a rectal injection of Starch and Opium may often suffice to avert the danger. He indorses Dr. Grosvenor's method of dressing the cord, but always ties it to avoid the possibility of hæmorrhage from the umbilical vessels. He prefers regular feeding by the clock, but there are exceptions; and the time of nursing must depend much upon the amount taken at each time.

DR. FARRINGTON, referring to the popular notion, that a seven months' child is more likely to live than an eight months' child, said that Grauvogel found that the woman is *in crescendo* at seven months, and *in diminuendo* at eight months. Hence her child is likely to be weaker for its growth at the eighth than at the seventh month.

As regards the use of Chloroform in labor, Dr. Ross had employed it for ten years and Dr. Guy for twenty-five years, and neither had any ill effects to report from its action. Dr. Guy had kept up its effects for eight or nine hours continuously. If the pulse becomes intermittent or flickering, the anæsthetic must of course be at once withdrawn.

*Microscopy and Histology.*—This Bureau reported for discussion the following papers:

1. "Cancer and its Diagnosis," by J. Edwards Smith, M.D., Cleveland, Ohio.

2. "Pseudo-Membrane, Especially the Diphtheritic," by W. H. Winslow, M.D., Pittsburgh, Pa.

Dr. SMITH's paper opens with Dr. Francis Donaldson's description of the histological elements of cancer,—“cell, nucleus, and nucleolus, all of which are peculiar to it.” He (Donaldson) says:

“In all the varieties of cancerous tissues, nuclei are to be found, either enveloped by a cell or floating free. . . . Within these nuclei there is



found, habitually, a small body, or nucleolus . . . having somewhat of a yellowish tinge, with a brilliant centre and dark borders, refracting light like the fat-vesicles. Attention is particularly called to the peculiar brilliancy of the centre of these nucleoli, which, we think, is characteristic. It can be almost invariably noticed if the focus is varied."

DR. DONALDSON further calls attention to the relatively large size of the nucleus seen in cancer-cells.

PROFESSOR SMITH, while admitting that the cells as described by Donaldson are constantly found present as cancer elements, does not agree with him that they "are peculiar to it," because it would be easy to demonstrate that they are very often present in perfectly innocent growths. Dr. Smith then proceeds to give his own observations as follows:

Fourteen years ago I repeated, with the imperfect instruments at that date in vogue, the observations by Dr. Donaldson here quoted, working at times over known as well as unknown (but suspected) specimens, meeting, however, with varied success.

In the year 1874 it was my good fortune to obtain one of the first wide-apertured duplex object-glasses, then just introduced by the eminent optician, R. B. Tolles, of Boston, Mass., and after perfecting myself tolerably well in the manipulations, I again returned to the examination of malignant growths, keeping well in mind the salient points contained in Dr. Donaldson's paper. Very many specimens, known to be malignant, were examined by me with the new object-glass, my attention being constantly drawn to the study of the nucleolus with the "bright centre and dark border," mentioned by Dr. Donaldson. These we worked over, striving by various changes of the collar adjustment to obtain the most perfect possible correction of the objective.

It subsequently became noticeable that the nucleolus seen in malignant specimens was in truth a first-class test object over which any error in the adjustment of the objective easily became apparent. With such an object-glass in perfect adjustment, the nucleolus, appertaining to a malignant cell, becomes a most beautiful object, exhibiting a point or points of light of the extremest intensity. By slightly changing the focus of the objective these vivid points of light vanish, and are instantly replaced by points of the most intense and (so to speak) luminous blackness; this peculiar optical effect when once seen by the microscopist, will never be forgotten,—but it must be remembered that the said effect cannot be well seen without the employment of an objective having Balsam (or interior) aperture greater than  $82^\circ$ .

Thus far I have considered the nucleolus *in situ*, that is, accompanied by nucleus and surrounding cell. The microscopist will thus at times meet with perfect entire cells, but this is by no means always the case; in fact, specimen after specimen may be consecutively examined, exhibiting scarcely a single perfect cell, while on the other hand such specimens may exhibit thousands of "agglomerated nuclei" described by Dr. Donaldson, which, if "malignant," will with proper manipulation behave as I have described above. Beginners often mistake these nuclei for entire cells.

I have space only to record in the briefest manner the fact that in the microscope examination of sputum from patients suffering from acute tuberculosis, or from either of the structural changes accompanying phthisis pulmonalis, thousands of detached "agglomerated nuclei" are to be seen. These, if malignant, when cross-questioned by modern wide-angled objectives, exhibit precisely the same characteristics before mentioned. These, too, are quite as sensitive objects over which to adjust the objectives, and

require the same nicety of manipulation; and when these appearances are thus seen there need be no hesitancy in rendering an unfavorable prognosis.

Since the introduction of the wide-angled objectives I have had a somewhat active experience in microscope examination of urines, and in several instances have observed in such specimens entire cancer-cells, as well as the "agglomerated nuclei" before referred to, and have thus been enabled to diagnosticate the existence of "cancer" many months in advance of any objective or subjective symptoms pointing thereto.

Through the kindness of Professor Schneider, Dean of the Cleveland College, I am enabled to supplement the foregoing with the following report of an interesting case from his own practice. I give the doctor's own words, as follows:

"In the month of October, 1877, I was called professionally to see Mrs. S., who had been suffering for ten years with a urinary trouble. She had just returned from New York, where she had been under treatment for eighteen months for the above trouble.

"She was improved by surgical treatment,—the establishment of a vesicovaginal fistula, which had been left open ten months and then closed. The symptoms of vesico and urethral irritation were very prominent and distressing when I first saw her. Before beginning my treatment I submitted a specimen of her urine to Professor J. Edwards Smith for chemical and microscopic examination, which revealed the fact that there was chronic inflammation of the bladder, also suspicious cells, which Professor Smith denominated cancer-cells. These microscope examinations were made frequently for several weeks, until, say, ten such examinations were made. During this time I treated the case by its subjective symptoms, the indicated remedy being Sarsaparilla, under which she improved much. She also drank freely of Bethesda water, which I consider pure water. Her general health being much improved, she went to spend the winter with friends in Illinois. I continued the treatment of her case for some time after her departure, and had several specimens of her urine sent me for examination, in all of which appeared the suspicious cells.

"The following summer she returned to Cleveland, when she called my attention to a small tumor, the size of an almond, in the right breast, which made its appearance in the month of February, in which were the characteristic pains of cancer. I changed her prescription to Conium 6x, and it relieved the pains to some extent, and the growth subsided one-third in size.

"Subsequently, however, to her return from Illinois it again grew rapidly and became alarming, so that the next February, 1879, she went to Chicago, where the breast was amputated, and it healed kindly, and for some months she supposed she was quite well. She returned to Cleveland about one year after (1880), and the tumor developed in the cicatrix, growing rapidly for the past year. She has had it removed time and again by the use of plaster. She has been under my care for the past three months, and during that time Professor Smith has examined her urine, and still finds the same suspicious cells. I will add, that in the latter specimens examined, Professor Smith had no knowledge of the personal history of the case—that there was a suspicion of cancer—as this was kept from him.

"I append this case in confirmation of the theory which is developed by the observations of Professor Smith, that cancer-cells can be detected and may be found in the excretions long before there appear any known pathological lesions, or when the lesion is far removed from the excretory organ."

Dr. Winslow's paper divides the diphtheritic exudation into three forms:

1. A simple, morbid, amorphous protoplasm, composed of blood-serum, albumen, and mucin. This cannot be separated

from the detritus of epithelium and mucus-corpuscles, which come from the diseased surface through which the exudation passes.

2. The semifluid constituents of number 1, with the addition of nuclei, leucocytes, and red blood-corpuscles, lying in interstices of a loose, fibrinous matrix.

3. The constituents of numbers 1 and 2 in moderate quantity, with a larger amount of fibrin than in number 2, having its fibres running in every direction, and forming a dense, leathery membrane, resembling that which lines the egg-shell of the fowl. The free surface is the densest, and the stroma diminishes and becomes looser towards the mucous membrane.

One case of diphtheria may have only the jelly-like exudate of the first; another, the jelly and slight organization of the second; and another, the truly-organized membrane of the third group. It may be possible for a case to have, at different stages of the disease, each of these products in succession, not always regular.

Bacteria are found in all, but are not considered significant.

The first and second groups occur frequently upon the velum and pharynx; the third in the larynx. When appearing in the pharynx, the fibres are arranged indefinitely, but *when formed in the larynx, there is a great preponderance of fibres running in a direction parallel to the vocal cords.*

*Anatomy and Physiology.*—This Bureau, at the sectional meeting, at which Dr. W. Von Gottschalk presided, presented papers on:

1. "Some Points of Similarity in the Eye and Ear," by W. H. Winslow, M.D., Pittsburgh, Pa.

2. "Surface Marks of the Abdomen," by A. S. Everett, M.D., Denver, Col.

3. "How Shall We Teach Anatomy?" by A. S. Everett, M.D.

4. "Physiology of Menstruation," by William Von Gottschalk, M.D., Providence, R. I.

These were read, and a brief discussion followed.

*Ophthalmology, Otology, and Laryngology.*—This section held a meeting, at which papers were read, entitled:

1. "Hyperæmia of the Internal Ear," by W. H. Winslow, M.D., Pittsburgh, Pa.

2. "Relaxation of the Membrana Tympani," by J. H. Bufum, M.D., Chicago, Ill.

3. "Kali Phosphorica in Suppurative Otitis," by H. C. Houghton, M.D., New York.



4. "Color Blindness," by C. H. Vilas, M.D., Chicago, Ill. These papers were read, discussed, and referred for publication.

Owing to the fact that two, and, in some instances, three sectional meetings were being held at the same time, we were unable to make reports of the discussions in anatomy and physiology, and in ophthalmology, otology, etc. This will account for the absence of any report of these discussions here.

#### THE EXCURSION AND BANQUET.

On Wednesday afternoon, June 15th, the physicians attending the sessions of the American Institute of Homœopathy and their friends were made the recipients of a delightful excursion. The steamer carried a large number of excursionists up the harbor—past the Brooklyn bridge, through Hell Gate, to Ward's Island; the objective point being the Homœopathic Hospital, with its six hundred beds, located here and under the direction of the Commissioners of Public Charities and Correction. The company on arriving at the hospital were welcomed by Dr. Egbert Guernsey, President of the Medical Board, and by Dr. A. P. Williamson, Chief of Staff of the hospital. Dr. Dowling, the President of the Institute, unfortunately found himself in the position of host and guest, and, therefore, introduced Dr. William L. Breyfogle, the Vice-President, who responded to the welcome, and tendered the thanks of the Institute for the hospitality extended by the medical officers and by the Board of Commissioners.

Then followed a rapid but general inspection of the hospital, the resident physicians and other officials exerting themselves to the utmost to make the brief visit of their guests as pleasant and as satisfactory as possible.

On the return trip, a collation was served on board the steamer, the guests entering into this part of the programme with the keenest zest and evident enjoyment. All were loud and hearty in their praises of the generosity of President Dowling, through whose big-hearted liberality this delightful occasion had been provided.

On Thursday evening, June 17th, the proprietor of Hotel Brighton tendered a banquet to the members of the Institute and their friends. After ample justice had been done to the tempting viands, a number of toasts were offered (Dr. Selden H. Talcott acting as toast-master), which were appropriately responded to by various members of the Institute, the exercises closing at a late hour.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF  
PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE regular meetings in May and June were held at the Hahnemann Medical College, and were well attended. At the May meeting, after the minutes of the annual meeting were read and approved, President-elect W. Budd Trites, M.D., was introduced, and addressed the meeting as follows:

*Ladies and Gentlemen:* I cannot look upon the selection of myself, as President of the County Medical Society, as other than an undeserved compliment.

I have done so little to lend interest to your meetings, or to advance the great cause which this society represents, that the bestowal of such an honor upon me can be viewed in no other light than as a personal favor, for which I have rendered no adequate service.

Though deprecating your choice, I thank you for your kindness, and assure you that I fully appreciate the distinguished position to which you have assigned me, and will, to the best of my ability, discharge the duties which it imposes.

Our constitution provides that at the May meeting the President shall deliver an address upon some subject of interest to its members, or to the profession at large.

Since my election, I have been casting about for a subject which should comply with these demands.

You know, probably, how difficult it is to select one's subject when the whole range of science is thrown open to you.

Beside this difficulty, I find existing in the society certain Bureaus, among which the various subjects constituting the science of medicine are apportioned.

These Bureaus will, at stated times, rehearse to you the advancements made in their several fields, hence it would be manifestly unfair and improper for me to encroach upon the domain of any one of them.

I have nothing new of my own to offer you, therefore I have been compelled, from the necessities of the case, to offer you, as my inaugural address, a few thoughts concerning this society, and the demands which it rightfully makes upon the homœopathic physicians of Philadelphia.

The declared object of the County Medical Society, as stated in the constitution, is the advancement of medical science, and we infer that it has been instituted especially for the advancement of those medical views included under the general name of homœopathy.

It would be a useless task for me to argue in their presence the duty of any physician to contribute the mite he may possess to the general stock of medical science. The humanity within us demands that whatever knowledge we may acquire shall be cast freely into the common store for the universal benefit of mankind. Therefore, I deem that the first object of our society—to wit, the advancement of medical science—is universally accepted as true and binding upon us.

But what about the especial object, the advancement of homœopathy? Does this fit as closely upon the professional conscience as does the other? Judging from the fact that only about one hundred and ten of the nearly three hundred homœopathic physicians of Philadelphia have their names enrolled upon our books, judging from the sparse attendance of those who are members, we are forced to the conclusion that this object has not received from us the consideration it deserves.

We, as a profession, hold that when Hahnemann promulgated the doctrines of homœopathy, he promulgated great natural laws, whose truths are eternal, and whose application shall be of the greatest benefit to suffering humanity. If we are laden with such gifts, is it not our duty to spread abroad the glad tidings, to rehearse them frequently to a doubting world, and by uniting in such societies as this to show to the world that we are in earnest in the great work of medical reform?

Again, the laws upon which our school is based are as eternal as divinity itself, but their discovery is a matter of recent date, and the study of their application to diseased conditions, still in its infancy. We believe that when this study has been thoroughly made, the great catalogue of incurable diseases will be materially shortened. Of course there will ever be incurable diseases, but they will exist in consequence of extensive diseased action having taken place before the aid of the physician was summoned.

If this belief is true, is it not our duty to devote ourselves with all the energy we may possess to such studies? Yet how can such studies be pursued except in societies like this?

Investigations of this kind cannot be made by single individuals. The truths which make up the science of therapeutics are the results, each of them, of thousands of experiments, have been arrived at by labors in a hundred fields, and are admitted to the glorious galaxy only after repeated observations and numerous comparisons of results.

Our society was established fifteen years ago for the purpose



of aiding the progress of just such studies. Now I appeal to the profession in Philadelphia, and ask them if such work as this is not important? Is it not incumbent upon you to join in labors of this kind? I am sure, that if you will allow this question to rest upon your consciences, you cannot but make answer in the affirmative.

But there is another point of approach, in an argument intended to prove the usefulness of medical societies and the duty of medical men toward them. It is a more selfish argument than the one I have just considered, and is based upon the personal benefit which every member of the profession reaps from such organizations. This argument is especially applicable to homœopathic bodies.

We are, comparatively speaking, of but recent origin. We are brought in contact with an ancient, powerful, and widespread school of medicine; one which, from the earliest times, has opposed and persecuted all who have dared to embrace any special system of practice. The protection which an organization like this gives to each of us, is far greater than we think.

When laws, so drawn as to place our right to practice in the hands of our enemies, have been presented at Harrisburg, the voice of this society has called attention to the unfairness of such procedure, until legislative ears have been awakened, and the objectionable measures defeated.

This is but a single act of protection received by us from this organization; who can tell the schemes of oppression and insult which its mere existence has overawed? This body exerts a powerful influence already; but how increased that influence would be could we enrol the name of every practitioner of our school, resident in this great city. And why, we may ask, are they not enrolled? They all enjoy the security which the existence of such a body insures. Then why are not the names of the beneficiaries inscribed upon our rolls of membership? I would that I could answer that question satisfactorily. Many are not with us from mere negligence. They believe that such societies are of value, and would be the loudest to mourn the cessation of this one, but they believe also that certain men of the profession are fond of prominence, and to them they commit all such interests. Kind, unambitious gentlemen!

Another class are too busy to devote even one evening in a month to an organization which protects them from outside interference, and elevates the standing of the system by which

they coin their ducats, but only rehearse excuses. Be they what they may, they are equally fallacious, and point unerringly to one fact, viz., that the excuse-maker has lost that ardent love for homœopathy which sacrifices everything for the truth. What are business engagements, individual jealousies, professional differences, when compared with the health-giving mission of our system?

We need an *esprit de corps* in Philadelphia that shall place homœopathy and its success above and beyond any individual interest. A loyalty that shall sacrifice *everything* to promote her advantage, to elevate her standards, and to unite her adherents. Let us, my brethren, work for the development of such a spirit; it can be "summoned from the vasty deep."

This society is the representative body of homœopathy in the great medical centre of the New World; its name is known and honored wherever the benign influence of our school is invoked. Let us value the honor of membership, and do all that we can, both in private and in public, to widen its sphere of usefulness by increasing its membership.

With the hearty co-operation of all the members of our profession in Philadelphia, we can demand of the municipal authorities recognition in the public medical service. Have you ever asked yourselves why the Board of Health, in the selection of vaccine physicians, medical inspectors, etc., treat homœopathists as though they did not exist? Why are the almshouses and prisons attended only by gentlemen of the other school of practice? Surely homœopathy could show *no worse* results in the treatment of pauper infants than the recent investigation into the condition of the waifs in our city almshouse has revealed.

Our exclusion from these places is not merely a wrong, it is a *direct*, and, as I believe, an *intended insult*, and yet we submit to such indignities quietly and tamely. Let us combine in this organization, and agitate these questions until we shall secure the recognition which our numbers and our qualifications demand.

These are but a few of the advantages of such an organization. I have not mentioned the value of medical essay-writing, nor the instruction to be derived by listening to medical discussions, nor the influence exerted upon the individual's practice by constant intercourse with professional brethren. It is a fact, that we can any day test for ourselves, that medical men who give most attention to such matters, are the most proficient, most skilful, and most successful of their profession.

I do not think that I have overdrawn the advantages to be derived from such an organization as this. Certain I am that the arguments which I have presented for the unity of the profession in such a body *are unanswerable*.

But before I conclude this address, allow me to refer to a few matters which a tolerably regular attendance upon our meetings for two years has suggested.

I have noted in our proceedings a want of freedom in the discussion of papers submitted by the various bureaus. I imagine this to arise from two causes. First, from a diffidence common to all men not accustomed to public speaking. I hope this species of modesty will be overcome. A victory over it will certainly redound to the interest of our meetings. Let us remember that we are not here to listen to pretty speeches, but to seek the truth, and you, my diffident friend, may have the very kernel we are looking for locked up in your bosom. Burst through your diffidence and give us your thoughts; the world excused the stammering of Demosthenes when it listened to his divine thought.

Again, this want of freedom is due, and by far the greater part of it owes its origin to this fact, that sufficient notice is not given of the subjects which are to form the reports of bureaus. The majority of us cannot discuss abstruse and difficult matters in medicine without preparation; and the time intervening between the receipt of the secretary's notice and the meeting is far too short for any such preparation. I would therefore suggest to the several chairmen to have the titles of papers to be submitted in the hands of the Society at the meeting preceding the one on which the report is to be read. I am in hopes that this will make the discussions at our future meetings even more interesting than those of the past.

Again, members of bureaus should not forget that the by-laws limit reports to thirty minutes. This is an exceedingly short time, but if the papers are to be discussed with any degree of fulness, either such a limit must be regarded or else special meetings should be held for such discussions. Indeed, during the winter months, I would recommend the holding of two meetings per month,—one for the report of bureaus, the other for the receipt of special papers and discussions.

It is one of the duties which this Society owes to the profession, to express itself upon every public medical question. I am proud to know that in all the efforts recently made to uplift the science of medicine in the State of Pennsylvania, this Society has in every instance expressed itself *emphatically* in



favor of the right. But do we give sufficient publicity to these proceedings? Of course they are printed in medical journals, and the profession thus notified of our views; but we neglect to notify the secular press of our actions, and hence the laity know little of our sentiments upon such subjects. Let me call to your remembrance a recent matter of this kind, and ask you to note how differently the two schools proceeded.

*Three months ago* the attention of this body was called to a bill, then before the legislature, creating a State Board of Health. A committee was appointed to examine into the features of the bill and to report. The report was made; the bill, with certain modifications, indorsed; but not a word of this appeared in the daily press of our city.

And note the difference, *a fortnight since* a meeting of allopathic physicians was called to indorse the same bill. The meeting was held, and the next day *every paper* in Philadelphia contained an item, more or less extended, chronicling the proceedings.

I am not a sensationalist, but still I believe that a certain amount of publicity in all matters of public interest, at least, is demanded. It helps to mould public opinion in the interest of right, and gives to the laity the views of medical men upon medical questions. Certainly, in the incident related, our rivals appear to the best advantage, an advantage which *does not belong to them*, however; but this, the public will probably never know.

I fear this address has already exceeded its just limits, but I cannot close it without mentioning a matter first suggested to me by a resolution offered you in the year 1875, by Professor A. R. Thomas,—a resolution urging the need of the formation of a medical library under the auspices of this Society. The need still exists. Not one, probably, who listens to me to-night, but has felt the want of such a collection of books.

I frequently meet gentlemen of our school among the cases which the Mercantile Company devote to books of medicine. This is the only medical library in Philadelphia to which homoeopathic physicians are welcomed. This is not right. We should have a large and well-selected library of our own. It is needed, and I sincerely believe that if this Society would but make an effort in this direction, it would be attended with success. Of course a large library can only be the result of years of accumulation; but by an earnest effort, in a few months a collection of books could be made which would be not only a nucleus of a future library, but of great practical value to our members.

Thanking you again, ladies and gentlemen, for the honor of this position, and also for the kind attention with which you have listened to my remarks, let me draw them to a close by hoping that the same success and the same interest may attend our meetings under my presidency, as marked them while under the guidance of the distinguished gentleman who preceded me in this office.

On motion of Dr. C. Mohr, the address was accepted and ordered to be printed.

On favorable report by the Board of Censors, Drs. W. A. D. Pierce, H. T. Wilcox, T. F. Conover and Lora C. Jackson were duly elected to membership.

The following gentlemen applied for membership, viz., Drs. N. Clark Burnham and D. A. Strickler. Referred, under the rules.

The President appointed the following standing committees to serve one year, viz.:

*a.* On Organization, Medical Education, Statistics and Legislation: Drs. J. K. Lee, R. J. McClatchey, P. Dudley, J. C. Guernsey, and C. Mohr.

*b.* On Prevailing Diseases: Drs. B. W. James, S. Brown, G. Hosfeld, W. H. Keim, and G. E. Gramm.

In accordance with the provisions of a by-law of the State Society, brought to the notice of the County Society by a communication from R. E. Caruthers, M.D., Corresponding Secretary, Drs. E. A. Farrington, E. Fornias and W. H. Bigler were appointed a committee to select a subject, and choose the writers of a paper, to be presented at the State Society meeting in September.

The Bureau of Sanitary Science, Climatology, and Hygiene, B. W. James, M.D., Chairman, then submitted two papers, viz.:

*a.* "Dissipation and Injurious Influences of Health Resorts," by C. S. Middleton, M.D.

*b.* "The Drainage of Seaside Towns and Hotels," by B. W. James, M.D.

The papers were accepted, and then discussed by Drs. Martin, Dudley, Johnson, Lee, Farrington, Griffith, James and Morgan.

Dr. B. W. James was reappointed chairman for the ensuing year. Adjourned.

At the June meeting, after routine business had been transacted, Drs. N. Clark Burnham and D. A. Strickler, on favorable report of Censors, were duly elected to membership.

The committee on paper to be presented to the State Society reported that "EPILEPSY" was chosen as the subject, and that the work of its preparation had been apportioned as follows:

Symptoms and Causes, J. C. Morgan, M.D.; Diagnosis and Prognosis, A. Korndorfer, M.D.; Morbid Anatomy and Pathology, W. C. Goodno, M.D.; General Treatment, C. Mohr, M.D.; Homœopathic Treatment, E. A. Farrington, M.D.

Report adopted.

Under new business, Dr. Charles Mohr offered the following resolution:

"As medical men and women recognizing the force of Mayor King's reasons for insisting on an enforcement of the law relating to the use of firearms and other explosives, dangerous to the health and lives of the people of this community, so disastrously used heretofore on the Fourth of July, we hereby resolve to uphold the police authorities in all matters pertaining thereto, believing that, in our professional character, we can do much towards inducing our numerous patrons to give our Mayor a moral support not otherwise obtainable."

Unanimously adopted.

Dr. B. F. Betts made the following statement:

At a recent meeting of the Hahnemann Club of this city, attention was called to the presentment of the grand jury made before the Honorable Judge Allison, in the Court of Quarter Sessions last Saturday. In this presentment the grand jury state, "they found the Philadelphia almshouse contained three thousand inmates; of these only about two hundred and fifty were able to perform any labor." Of the remaining twenty-seven hundred and fifty, it is well known that a large number are prevented from providing for their own support by reason of ill-health.

From the fact that about one-fifth of the inhabitants of Philadelphia are in the habit of employing homœopathic treatment when sick, it may be inferred that at least five hundred of the inmates of the almshouse are constantly deprived of the medical treatment of their choice, because homœopathic physicians are excluded from attendance; for the grand jury state that "the guardians of the poor elect none but male allopathic physicians."

The grand jury furthermore recommend that representations be allowed from the different schools of medicine among the corps of physicians, as they believe that by doing so, a "beneficial change might be made in the hospital department."



In consideration of these facts, the members of the Hahnemann Club appointed a committee of three, consisting of Dr. B. W. James, Dr. P. Dudley, and myself, to bring the matter to the attention of the members of the Homœopathic Medical Society of Philadelphia, this evening.

In this State, and especially in this city, no adequate provision has been made for the care and treatment of the sick poor, according to the homœopathic method, at any of our charitable institutions, although the patrons of homœopathy contribute by the payment of taxes so largely to the support of these charities. Our municipal hospital, which is so admirably conducted in many respects as to make it desirable to many who do not belong to the poorer class to seek its shelter when overtaken by that loathsome disease which has been so prevalent during the past few months, will not open its doors for the admission of a member of our school of practice, even though a pay patient in one of its private wards may desire his attendance without any expense to the city whatever.

The insane of our city and State are debarred from the benefits of homœopathic treatment, as every institution open for their reception is under allopathic control.

In this city, whose medical colleges are to be classed amongst the oldest and best in the country, every facility is afforded the hundreds of allopathic students drawn here annually to study the treatment of disease according to the tenets of that system of practice; but no opportunity is afforded homœopathic or allopathic students to study and compare the results of homœopathic treatment of disease at our public charities.

And our State legislature has ignominiously refused the appropriation to enlarge the sphere of usefulness of the only homœopathic hospital in the eastern section of the State, and to provide for the care and treatment of persons who may prefer the homœopathic system of practice when sick.

The recently amended code of Ethics of the allopathic school declares that "it is not in accordance with the honor of the profession for any physician or medical teacher to examine or sign a diploma, or be otherwise concerned with the graduation of persons who intend to practice homœopathy." This provision is calculated to prevent students intending to practice that system from receiving their medical education at allopathic institutions, whilst the policy of excluding us from all medical charities deprives us of the opportunity of affording

them advantages of clinical teaching, such as are afforded to other students of medicine.

Now, in view of these facts, the committee of the Hahnemann Club most respectfully ask the appointment of a committee by this Society, to co-operate with them in such manner as to insure the proper recognition of our system in our State and municipal charities, and that this joint committee petition the Board of Guardians of the Poor to choose representatives of our school of medicine to constitute an advisory and lecturing corps at the Blockley Hospital, who shall have separate wards assigned them for patients, with subordinates and assistants, hospital physicians subject to their orders and instructions, as in other cases made and provided for.

The suggestions were adopted, and Drs. A. R. Thomas, J. K. Lee, and W. B. Trites were appointed a committee to act on the part of the County Society.

Dr. A. R. Thomas, *Chairman*, then submitted a report of the Bureau of Anatomy, Physiology, and Pathology, which embraced the following papers:

*a.* "Senile Gangrene," by A. C. Rembaugh, M.D. *b.* "Pancreatic Calculi," by J. C. Morgan, M.D. *c.* "Post-Mortems," by W. B. Trites, M.D. *d.* "Cancer of the Kidney," by A. R. Thomas, M.D. The papers were read and accepted, and a short discussion ensued.

A motion was made and carried, that members be requested to send to the Chairman of Anatomy, Physiology, and Pathology, all pathological specimens, properly put up, with a concise description of the cases from which obtained, to be used for the annual report of the bureau, and that unless otherwise directed by the sender, the specimen be deposited in the museum of the Hahnemann Medical College of Philadelphia.

The President appointed Dr. A. R. Thomas chairman of the bureau for another year, and then the Society was declared adjourned.

The Bureau of Pædology, J. C. Morgan, M.D., *Chairman*, will report at the next stated meeting, September 8, 1881.

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SEPIA IN CEREBRAL DISEASES OF CHILDREN.—Dr. Kunkel, of Kiel, recommends that in cerebral troubles of children (even in the beginning of meningitis tuberculosa), the parents, and especially the mother, be questioned as to the frequent occurrence of headache in them. Should the headaches be of the sepia type, and the remedy not contraindicated in the children, he says "that it should be administered, and is of the opinion that he has saved many cases, in whom the worst was to be feared, on account of previous children having succumbed to a cerebral trouble."—*Allgemeine Homöopathische Zeitung*.  
E. M. G.

THE  
H A H N E M A N N I A N  
MONTHLY.

A HOMŒOPATHIC JOURNAL OF  
MEDICINE AND SURGERY.

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
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Vol. III.

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No. 7.

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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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**Editorial.**

THE INSTITUTE MEETING.—The meeting of the Institute at Brighton Beach was a success, so far, at any rate, as a large attendance, a large accession of new members, a large number of good papers, a genial and competent presiding officer, and as much real enjoyment as could be crowded into the spare hours of the sessions could make it successful. There was enough diversity of opinion shown in the discussions to render them interesting, there were enough apparent distinctions without real differences to make them a little amusing at times, and enough attempts to criticise the president's ruling to make members wish that some people would either study parliamentary rules, or else refrain from trying to teach those who do study them. Yet it was, on the whole, a very enjoyable, instructive, dignified session,—one that nobody will regret having attended, and that will help to “shove on” the car of medical progress.

There are two occasions upon which it is well to consider the management and policy of the Institute gathering. One



is just before the session ; the other, just after. And we will venture therefore upon a few critical suggestions just here.

It became evident quite early in the session that the "sectional" plan of holding meetings was a mistake, for two reasons ; first, because some of the sections could not be properly accommodated ; and, second, because many members were debarred from attending and participating in meetings of bureaus in whose reports they felt an interest, from the fact that some other bureau report and discussion was claiming their attention at the same time. The American Medical Association persists in this plan, but it is doubtful, after our single experience, if the Institute can ever be brought to like it. Even if it could, we ought to recognize the advantage of having the members all present at *all* the discussions. The specialist needs the knowledge to be derived from the consideration of *general* medical subjects, and the general practitioner equally needs to be informed more extensively and thoroughly than he is, upon the specialties.

And so the Institute has abolished the sectional plan, and gone back to first principles. We all know what that means. Next year those bureaus which secure an early place on the programme will have their reports thoroughly discussed, and the others will be rushed through without discussion, perhaps without reading ; and some of our best writers will go home disgusted, and promise themselves not to fool away any more time writing papers for the Institute. So it always has been, so it will be, unless——

Why could not Section 2d of Article II of the By-Laws be given an interpretation somewhat different from the present one ? Under this by-law the Executive Committee is empowered to "arrange the business of the meeting." This may mean more than merely providing for the *order* in which the business shall come before the Institute. It is doubtless competent for the committee to set apart certain specified hours of each day's sessions for bureau work. The total number of hours thus appropriated being known at the beginning of the session, the chairmen of the bureaus could meet and divide this time amongst themselves, apportioning it according to the number and length of papers actually in the hands of each bureau. But to make such a plan effective, it would perhaps be necessary to adopt a cast-iron rule, forbidding any other use of any portion of this time, except by express consent of the bureau to which it had been assigned. The practice of allowing general business to break in upon the

time appropriated to the reception of bureau reports is a nuisance which ought to be vigorously suppressed. Fortunately there is less of the practice now than there used to be. Under the present by-law requiring bureaus to select some one subject for consideration, all the papers should be presented together; and then the five-minute rule and the one-speech rule should be strictly adhered to.

There is another matter worthy of some attention; namely, the hotel accommodations. We wish it to be distinctly understood that *we are not reflecting upon the committees of arrangements*. They have heretofore been doing in these matters just what they were expected, and, for aught we know, requested, to do. But the experience of the Institute in the matter of table-board is sufficient to make the practice of asking a reduction of rates a very questionable one. A reduction of rates on one side seems to imply a corresponding reduction of "wittles" on the other. The board obtainable at a third-rate Philadelphia boarding-house at five dollars a week is in all respects fully equal to that furnished to members of the Institute at Brighton Beach at twenty-one dollars. Last year at the Newhall House, Milwaukee, it was even worse. Yet in both instances members who went to neighboring hotels obtained first-class fare with but a slight difference in rates. Next year let us try the plan of going to a hotel (or to hotels) without feeling that we are under obligations to the proprietor.

The vote in favor of Richmond for next year's meeting was a very hearty one, and seems to prognosticate a large attendance. Every homœopathist in the South ought to be present, and all the first-class openings for homœopathic physicians there should be reported to the Bureau of Organization, Registration, and Statistics, and thus brought to the notice of the whole profession.

THE OPTHALMOLOGISTS AND PÆDOLOGISTS.—These bodies of medical workers and investigators held their annual meetings in connection with that of the Institute. The Pædological Society met June 14th in the rooms of the New York Homœopathic College, and the session was a very encouraging one. The annual meeting of the Ophthalmological and Otological Society was held at Hotel Brighton, June 15th and 16th, at which some most valuable papers were read and interesting discussion had thereon. By the way, we are informed that any reputable homœopathic physician may become a member of this society, whether a specialist or not. We hope to present reports of both meetings next month.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION had its annual meeting also during the Institute session. The meetings were held somewhere about the hotel,—we did not learn where, although we asked several persons. We presume the Association was wise enough to repudiate formally the publicly expressed design and object of one of its officers, *i.e.*, to effect a schism in the homœopathic profession. If that was not done, nothing else that the Association did or could do can exempt it from the suspicion that such an evil design perhaps finds lodgment in the breast of more than one of its members. We have been authoritatively informed that Dr. C. Pearson, of Washington, D. C., introduced a resolution declaring the purpose of the I. H. A. to retain no member found guilty of practicing or teaching the alternation of remedies, and that the resolution *was emphatically negatived*. As if to add to Dr. Pearson's misery, one member (so we are straightly informed), declared his purpose to alternate remedies whenever he did not know of anything better to do.

DR. PEARSON's efforts to keep the Association straight, reminds us of a story told by one of our friends over the Alleghenies. "You must know," said he, "that a square-rigged brig has many square sails and few fore and aft ones, and steers wildly when running before the wind.

"A sailor was at the wheel, the wind dead aft, and the brig yawing to starboard and port in spite of his almost superhuman efforts. He rolled the wheel to right and left, a dozen times each way, with every swell of the quartering sea, while the sweat poured off and he divested himself of hat, shoes, and shirt. The brig would swing around, notwithstanding; and the seas threatened to board the vessel with every lurch.

"The captain, a light sleeper, as all captains are, awoke and crept up on deck to see how things were going. He looked in the binnacle at the compass, and then yelled at the exhausted helmsman: 'D—n you! why don't you keep the vessel on her course? Here you are four points off.'

"The tired and dripping sailor quickly responded: 'How in h—ll can I keep the vessel on her course when every few minutes *she turns around and looks me in the face?*'"

Whatever may be the general opinion as to any other member or members of the I. H. A., nobody doubts that Dr. Pearson, in *his* efforts for what he considers "pure Homœopathy," is thoroughly honest. Nobody suspects *him* of having any personal end to gain. But neither he, nor any other man, will ever steer that badly-rigged International craft into



port. The winds of progress and the seas of professional opinion will, ere long, either leave it a dismantled hulk to drift helplessly at the mercy of the elements, or cast it upon the rocks where lie the bones of many a square-rigged brig.

HOW IT HAPPENED.—Some ten years ago, the writer of this paragraph, while reading a report of the meeting of the British Congress of Homœopathic Physicians, thought what a grand and valuable thing it would be could that body and the American Institute hold a joint session! How much it would redound to the honor and stimulate the onward march of our science! The thought grew rapidly, and soon developed into the idea of a World's Congress of Homœopathic Physicians. Acting with the counsel of Dr. McClatchey, then editor of this journal, he therefore drew up a communication to the American Institute of Homœopathy (see H. M., vol. vi., pp. 596-7, *Trans. Am. Inst. Hom.*, for 1871, pp. 69-70), obtained thereto the signatures of a number of representative physicians, and presented it to the Institute at the meeting held in Philadelphia, June, 1871. From this came directly the World's Homœopathic Convention in Philadelphia, in 1876, and, indirectly, the International Homœopathic Convention, now about to be held in London. So it would seem that this year's convention had its real origin in a meeting of British homœopathists held nearly eleven years ago.

ACKNOWLEDGMENT.—We are under obligations to our New York contemporary, the *Medical Times*, for valuable aid in the preparation of our report of the Institute session, particularly for the text of the President's Address and the remarks of Prof. Helmuth on Epicystotomy. The enterprise of that journal in publishing daily bulletins of the proceedings, won for it the highest encomiums from all the physicians present.

WE hope our readers will pardon the delay in the issue of this number. Knowing the general desire to secure as early as possible the account of the proceedings of the American Institute, we have made all haste to have the number issued; but delays in the printing office, coupled with the fact that the general editor was obliged to write nearly two-thirds of the issue with his own hand, conspired to prevent the fulfilment of our wishes and expectations.

## Notes and Comments.

NEW BRUNSWICK'S MEDICAL LAW requires all medical practitioners to be registered, and forbids the registration of any one who has not attended three full courses of medical lectures.

HARVARD MEDICAL SCHOOL has had but three occupants of its Chair of Anatomy during the ninety-eight years of its existence: Drs. John Warren, John Collins Warren, and Oliver Wendell Holmes.

FAST IN THE MUD.—Time was, and not very long ago, that allopaths denounced us because we practiced homœopathy, and now they are practicing it themselves. Time was, and not very long ago, that allopaths refused to consult with us, because we practiced homœopathy, and now, the *Lancet* says, "they cannot consult with us because we don't." Trying to get one foot out of the mire, they have only sunk the other to a greater depth.

THE INDIANA INSTITUTE.—We have in type for our next issue a condensed report of the proceedings of the recent annual session of the Indiana Institute of Homœopathy. This body is a live one, and the report contains a number of matters of great interest to the profession, prominent among them being a considerable number of experiences in treating intermittent fever, with and without Quinine.

THE FIRST AMERICAN COURSE OF LECTURES ON ANATOMY was delivered by Dr. William Shippen, Jr., "at his father's house on Fourth Street," Philadelphia, commencing November 26th, 1762, at 6 o'clock, P.M. The introductory was delivered at 6 o'clock in the evening of November 16th, of the same year, at the State House. During the first courses of lectures Dr. Shippen's house was frequently stoned, and, in one instance, his carriage was attacked, and a musket-ball shot through the body of the carriage.—*Annals of Anatomy and Surgery*.

THE CENTENNIAL OF THE MASSACHUSETTS MEDICAL SOCIETY was celebrated in Boston, June 8th and 9th. There were about eight hundred physicians present, all of them allopaths, and all practicing a little homœopathy when they get a chance and know how to do it. They began the exercises with a visit to the abattoirs, seeing the fatted calf killed, and ended with eating it up, indicating that they are coming back to the paternal shelter of true, progressive, medical science. They appear to have travelled *incognita*, however, "which," as Nasby says, "is Latin for sneakin." Oliver Wendell Holmes read a poem, but we do not hear that he entered into any interpretation of the ancient prophecies respecting homœopathy.

THE INTERNATIONAL MEDICAL CONGRESS will meet in London, August 2d to 9th, inclusive. According to the *Medical Record*, "membership in the Congress is open to all medical men who are legally qualified to practice in their respective countries, who shall have inscribed their names on the register of the Congress, and shall have taken out their tickets of admission. These tickets cost one guinea, and will entitle the holder to a copy of the *Transactions*, when published. It will be seen that female physicians are not entitled to become members, but there seems to be nothing to debar homœopaths from fellowship and the franchise." If this be true, we suggest that as many homœopaths as can make it convenient should avail themselves of the privileges of fellowship, if only for the purpose of demonstrating that the ostracisms to which they are subjected by allopathic organizations generally, is, in no respect, essential to the well-being or the honor of the allopathic profession, or to the most rapid advancement of medical science.

## New Publications.

**SYPHILIS AND MARRIAGE**—LECTURES DELIVERED AT THE ST. LOUIS HOSPITAL, PARIS. By Alfred Fournier. Translated by P. Albert Morrow, M.D. Published by D. Appleton & Co., New York. Price \$2.

The important question of marriage after syphilis is very thoroughly investigated by one who has evidently had an extended experience in treating venereal diseases. The book is divided into sixteen lectures, supplemented with notes and illustrative cases.

Dr. Morrow seems to have made quite a literal translation from the French, preserving much of the style of the author. The lectures are plainly written, though we think them too declamatory, and too full of repetitions for printed essays.

Fournier deals very thoroughly with the oft-put questions of the syphilitic, "May I marry?" "When may I marry?" etc. He also takes issue with the recent assertion, that the paternal influence in the transmission of syphilis is *evil*. He claims this is only partially true.

When our author comes to the treatment, we are willing to desert him *in toto*. He offers nothing new, but retains all that is objectionable in the old-school therapy of venereal diseases. F.

**A TREATISE ON CONTINUED FEVERS.** By James C. Wilson, M.D., with an Introduction by J. M. Da Costa, M.D. Wood's Library of Standard Medical Authors, 1881.

This fourth number of the Library for the current year treats of simple, cerebro-spinal, enteric, or typhoid, typhus, and relapsing fevers, dengue, and influenza.

The introduction, from the pen of Dr. Da Costa, contains much that is practical and interesting. But we do not agree with him when he asserts that, in continued fevers, the poison cannot be modified, nor the course of the disease shortened.

The plan adopted by Dr. Wilson in arranging his book, is to define the fever to be considered, and then add a list of synonyms. Then follow etiology, clinical history, symptoms, diagnosis, prognosis, and treatment.

The etiology of that common form of fever, the typhoid, includes 30 pages, and is well worthy of study. Relapsing fever is carefully differentiated from typhus and typhoid. Cerebro-spinal fever receives 60 pages, giving a well-digested and thorough account of this dread affection. Of the treatment we have nothing to say in commendation. F.

**THE LADY'S MANUAL OF HOMOEOPATHIC TREATMENT.** By E. H. Ruddock, M.D., and R. Ludlam, M.D. Eighth edition, 37th thousand. Halsey Brothers, Chicago, 1881.

The fact that this book has reached its eighth edition is sufficient proof of its popularity. It contains plain and full information of service to women in the various derangements incident to their sex, and needful in the management of diseases common among infants.



Indications for remedies are clear, terse, and not numerous enough to confuse the reader. In addition to its subject-matter, the book recommends itself on account of its moderate price and convenient size. F.

PHYSIOLOGICAL MATERIA MEDICA. By William H. Burt, M.D. Published by Gross & Delbridge, Chicago, 1881.

The work before us is a large, richly-bound book, of nearly one thousand pages. Departing from the conventional style of medical binding, the publishers have embellished the covers with designs somewhat significative of the sources of the contents of the book. In one corner of the upper cover is a huge spider, whose diagonal opposite is a rattlesnake. A frightened beetle has his head turned northeast in the upper right corner. To the right of the middle is the name of the book and its author. A long flowered branch stretches from the lower left corner, between Dr. Burt's name and the angry spider above, while a sufficient space below insures safety from the upraised head of the crotalus, who evidently recognizes a foe near by. As to the contents of the work, they have been compiled from numerous and varied sources—allopathic and homœopathic—each quotation receiving due acknowledgment. The author is quite free from bias in his selections, for we recognize the names of men representing all phases of practice.

The general plan of the author is to give the name of a drug, its "habitat," preparation, antidotes, and physiological centres of action. Then follows "Therapeutic Individuality," in which the usual schedule of mind, head, eyes, etc., is employed. The classification observed is already familiar to the profession, since Dr. Burt published it on cards. The main groups are cerebro-spinants, ganglionics, and groups according to tissues.

The chief object of the author is evidently such as he states in his preface: "To place in the hands of the student a textbook so arranged that he can readily find what a drug is, where obtained, how prepared, how it acts, and what tissues it affects."

The opening sentences of the book read as follows: "All medicines have for their starting-point or centre of action the nervous centres, either animal or organic. Those that have their centre of action in the animal (cerebro-spinal) nervous systems are the true remedies for acute and subacute diseases; and those that have their centre of action in the organic (ganglionic) nervous system are the true remedies for subacute and chronic diseases."

We object to these assertions, believing them premature, arbitrary, and unsupported by clinical experience. In confirmation of the last we may refer to Sulphur, Croton tig., Apis, Arsenic, Rumex, etc., all of which are termed "ganglionics," and consequently are regarded as "true" remedies for subacute and chronic diseases, and yet they are just as often indicated in the *acute* of acute diseases.

In regard to the physiological theories advanced, they are well-chosen selections from prominent writers, and present a full digest of the prevailing ideas of the day. But since they are founded on imperfect physiology, and, moreover, are but partially developed as yet, we must receive them with great caution and circumspection. The student must be especially guarded

against the temptation to employ them as modificatory of Hahnemann's rules for the selection of a drug. They may furnish him with a more or less plausible interpretation of symptoms, but they can *never* decide his choice of a drug in any given case. We can recommend the book as well edited, and full of interesting and profitable reading. F.

TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION, held at Philadelphia, under the Auspices of the American Institute of Homœopathy, at its Twenty-ninth Session, June 26th, 27th, 28th, 29th, 30th, and July 1st, 1876. Volume I. Minutes, Essays, Discussions. Philadelphia: Sherman & Co., Printers, 1881. 8vo., pp. 1117.

The first attractive object which presents itself to us upon opening this splendid volume is a life-like steel portrait of the scholar, investigator, physician, philanthropist, and Christian,—Carroll Dunham, the President of the Convention. It was an excellent thought that prompted the publication committee thus to transmit to posterity, in company with the records of early homœopathic history, the lineaments of one who did so much to advance its progress, and whose name lingers on thousands of professional lips in affection and reverence.

It will be remembered that sessions for transacting the business of the American Institute of Homœopathy were held in connection with the convention. This business is recorded in the opening nineteen pages of the volume.

The first department under consideration at the convention, and in the volume, is "Institutes and Materia Medica." The papers presented were by no less well-known physicians than William Sharp, M.D., A. Imbert Gourbeyre, M.D., H. Goullon, Jr., M.D., Adolph Gerstel, M.D., Richard Hughes, M.D., Paul Pitet, M.D., Dr. Don Tomas Pellicer y Frutos, David Wilson, M.D., José T. Navarro, M.D., Conrad Wesselhoeft, M.D.; and the discussion on the same subject was by J. P. Dake, M.D., Richard Hughes, M.D., Conrad Wesselhoeft, M.D., Adolph Lippe, M.D., T. F. Allen, M.D., S. M. Cate, M.D., E. A. Farrington, M.D., H. H. Baxter, M.D., C. B. Knerr, M.D.. From this array of names one can arrive at some idea respecting the character of the papers and discussions in this one department. To this we must add other departments of equally well-sustained interest, viz., Clinical Medicine, Surgery, Obstetrics, and Gynæcology, and the conception of the worth of the volume begins to dawn upon us. There is not an unimportant paper, scarcely an empty speech, in the whole book, and that is certainly phenomenal as respects society transactions. There is a "Table of Contents" at the beginning, and an "Alphabetical Index" at the end. The work is well printed on good paper, the proof-reading is excellent, and the binding is plain and substantial.

The time is not far off when the two volumes of the *World's Convention Transactions* will be at a high premium. These books are not alone for to-day, but for the future. We do not know whether the Institute has ordered copies to be offered for sale, but if so, every physician, and every man who expects his son or his daughter to be a physician, needs to secure

a copy, though, not having seen the volume, he may not be aware of the fact.

Too much praise cannot be awarded to the master-hand and brain and heart that planned and carried out the details of the convention. As we look over the volumes, and turn again to the title-page of vol. i, it is with feelings of acute regret and sadness that Carroll Dunham is not here to see them. *He* sowed the seed, and others shall reap the grain, yet the sower and reaper—he in heaven and we on earth—are rejoicing together.

And there are others who have given time and talent, yea, and health and strength, to bring this work to light. To Dr. R. J. McClatchey, the secretary of the convention, and Dr. Joseph C. Guernsey, the editor of the volumes, we owe a debt that will be hard to repay. The fidelity and ability they have displayed is voiced by the volumes themselves, and the success they have achieved shows plainly enough that their work must have been a labor of love.

D.

## Gleanings.

**CASTRATION AND CRYPTORCHIDISM.**—The method of castrating animals by wooden clamps appears to have been a very ancient procedure, as was also crushing and direct excision of the testicle, as well as destroying by the actual cautery. Torsion, of one kind or another, was known in the last century, and crushing of the testicular vessels by means of the *ecraseur* had been anticipated by those ancient people, who destroyed them by means of scraping or breaking with the finger. In Lapland, at the present time, the male reindeer are castrated by the old women, who gnaw through the vessels and attachments with their teeth.

As to the etiology of cryptorchidism, there is strong evidence in favor of the anomaly being hereditary, the progeny of certain "rig" stallions being affected with it. But in these stallions the anomaly existed only on one side,—at least it could not be *abdominal* on both sides, as such animals are sterile. The same fact has been observed where one normally-situated testicle has been removed, and the other is concealed. When in the inguinal canal the testicle is smaller, as a rule, than when in the scrotum, and though in early adult life it may perform its function, yet it generally undergoes atrophy and degeneration at a later period.—*Veterinary Journal*.

**DECOLORIZING IODINE.**—It is said that if to Tincture of iodine there be added a small quantity of Carbohc acid, it loses its power of staining the skin.

**LONGEVITY OF DIPHTHERITIC VIRUS.**—The *Allgemeine Wiener Medical Zeitung* publishes a remarkable instance of the length of time the diphtheritic virus may retain its power. The child of a nobleman in the south of Russia died of diphtheria four years ago. Lately, a new family vault having been built, the remains of the boy were removed to it. Before being finally placed there, the father wished to view the remains once more. To accomplish that purpose, an opening was made in the lid of the coffin, and the whole family, including five children, viewed the departed. On the following day all the children were attacked with diphtheria, one dying. *Allgemeine Homœopathische Zeitung*.

E. M. G.



THE TROPHO-NEUROTIC CHARACTER OF GOUT.—Dr. Dyce Duckworth, in a paper published in the *British Medical Journal*, advocates the tropho-neurotic character of gout. His arguments are the analogies of gout with other neuroses. The suddenness of the attack resembles epilepsy, angina pectoris, neuralgic paroxysms, and other affections of a neurotic origin. The pyrexia and pain are paroxysmal, as in other nervous disorders. Gout blends itself with affections of well-recognized neurotic character. Thus hæmiparesis is sometimes a distinct manifestation of gout, or may alternate with arthritic attacks in the same individual. Among the nervous symptoms observed in gout may be mentioned certain perverted sensations, as tinglings, numbness, and paresthesia, grinding of the teeth, severe muscular cramps, priapism, and a well-marked variety of insomnia; also, gouty neuralgia, more commonly occipital, but found also in the heel, breast, tongue, and sciatic nerve. Among the strongest evidences of the nervous origin of gout are the facts relating to the induction of the attack; in the majority of instances they are due to causes which depress nerve-power, such as exhaustion of mind or body, excitement, rage or worry, sudden shock or injury, many of which are efficient to produce epilepsy, asthma, and other neurotic affections. There exists a remarkable relation between gout and glycosuria. In gouty families diabetes mellitus is met with in certain members; some have regular arthritic attacks; some, gout alternating with glycosuria. Dr. Duckworth is led to the belief that the nervous centres involved are not far apart, and are situated in the medulla.—*Medical Record*.

E. M. G.

ADVANTAGE OF THE VAGINAL METHOD IN EXTIRPATION OF THE UTERUS.—E. H. Bartley, M.D., in a paper on extirpation of the uterus, after examining into the methods of operating, comes to the conclusion that the vaginal method is far safer than the abdominal.

The experience of all operators is that the shock after operation per vaginam is not great, while after the hypogastric method it is very great, owing to the exposure of the large surface of the intestines to cold air for from one to three hours. Schröder says there is little or no shock after extirpation by the vagina, and that a very easy convalescence is the rule, the patient presenting, after the operation, much the appearance of a puerperal woman after pretty free hæmorrhage. The dangers of hæmorrhage are about the same in the two operations under consideration.—*Annals of Anatomy and Surgery*.—E. M. G.

PROFESSOR SCHNETZLER recently read a paper before the Vaudois Society of Natural Science, on the color of flowers. It has generally been supposed that their various colors were due to so many different matters, each color being a different chemical combination, without relation to the others.

He has demonstrated, by experiment, that when the color of a flower has been isolated by alcohol, all the colors which plants exhibit may be obtained by adding an acid or an alkali.

He also thinks that the change of the color of the leaves of some plants from green to red, which occurs in the autumn, is due to the action of the tannin which they contain, on the chlorophyll.

Without desiring to affirm it absolutely, Professor Schnetzler supposes, *a priori*, that there is in plants only one coloring matter, *chlorophyll*, which being modified by certain agents, furnishes all the tints that flowers and leaves exhibit.—*Amer. Journ. of Pharm.*

HOW LIEBIG'S BEEF EXTRACT IS MADE.—A writer in the *London Field* describes the process of manufacturing Liebig's Extract of Meat, as carried on in that city. He says:

The killing season lasts from January to June, as many as twelve hundred

a day sometimes being killed for seventy days in succession, without a single break. This year the average was 1000 head a day to kill or dispatch, for the process is so quick and skilfully conducted that the latter seems the more fit term to use. The bullocks are all of the choicest herds and are in splendid condition. The matador, with one sharp and energetic plunge of a sharp knife in the back of the neck, severs the spinal cord, when the animal instantly falls down insensible, and is dragged out on the truck to the charge of other men, who in turn perform different functions in a most skilful and systematic manner. One man drives a long knife and cuts open the heart; another catches the blood in a large wooden vessel, and pours it into a barrel close at hand, whence it is taken, with other parts of the offal, to the digester, and boiled down with bones, cuttings, etc., for guano. Another man commences to disembowel the carcass, another to flay it, and several others to cut the meat off the bones; another cuts the head off, another takes the tongue out, and others, with large axes, cut the bones up into small pieces. The whole process occupies less than seven minutes. All the fat, the coarser tissues, and sinews are separated from the flesh and boiled down and reduced to tallow in different qualities. The bones and coarser fibres are, after coming out of the digesters, spread out to dry on large flat places covered with tiles, put into mills, and ground up into bone-dust and guano.

The tongues are taken to a separate room, where they are well washed and scalded, after which they are placed in round tins, with a small hole in the centre of the top, and then all boiled together, and before they cool down the little air-hole in the centre is soldered up. The tins then are taken to another room and varnished over to prevent their rusting, after which they are packed in wooden boxes containing four dozen each.

The most important process of all, however, yet remains. The meat, when stripped off the bones, and divested of all cartilage matter, fat, sinews, bones, etc., is hung up for one day to settle, and then it is taken into another part of the building and put through a number of sausage choppers, after which it is carried in buckets, the contents of which are weighed to an ounce, and put into a dozen mighty caldrons, through which steam is injected. Soon it becomes a light beef tea. Great attention is paid to this part of the process, so as to stop exactly at the right moment, for it will not answer to wait until the fibre or any muscle in the meat should soften, for this would injure the quality of the extract, and for this reason less than fifty per cent. of the nutritive quality is extracted in the form of thin beef tea. This flows from the vats in a very pale straw-color. This liquid is forced through various tubes, through different sieves and caldrons, until its bulk is materially reduced; this process being repeated until all the water is evaporated, and only a pulpy paste remains, so familiar to us all as "Liebig's extract of meat." In this manner one bullock weighing three hundred pounds is reduced to a substance of seven pounds. This is sealed up in tin cases about one foot square, containing one hundred pounds, and sent to Antwerp, where, at the branch establishment there, it is made up into smaller packages for exportation all over the world. How curious to reflect that each of these little tin boxes of one foot square contains the extract of about fourteen head of cattle! Truly might Liebig adopt as his motto, "*Omnia sub pedibus suis subjecisti, et oves et boves.*"

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## News, Etc.

A HOSPITAL AT KANSAS CITY is among the more immediate prospects. A majority of the board having the movement in charge are homœopathists, which insures honest dealing to all classes of the population.

THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY has about three hundred members.

THE BROOKLYN HOMŒOPATHIC HOSPITAL is about to add a new wing to the building, to cost about thirty thousand dollars.

THE HOMŒOPATHIC PHYSICIANS OF BRAZIL, S. A., number about eighty. They have had a hard battle against persecution and ignorance.

THE STATE OF IOWA now boasts of over three hundred homœopathic physicians. The homœopathic department of her university is prospering under Dr. Cowperthwait's energetic leadership.

PLEURO-PNEUMONIA IN NEW JERSEY is rapidly being stamped out thanks to the labors of the State Board of Health. Only a few animals are now believed to be affected with the disease, and these are thoroughly quarantined.

THE SANITARY ENGINEER has opened in its pages a department devoted to the subject of "Food and Drug Adulteration." The department will be under the direction of eminent chemists and pharmacists, and will add much to the already high character and reputation of the journal.

HOMŒOPATHIC HOSPITAL IN WASHINGTON, D. C.—An association has been formed to establish a homœopathic hospital in the District of Columbia, which shall be national. The executive committee will be glad to receive any contributions through Hon. Mr. Blair, chairman, or C. B. Gilbert, M.D., corresponding secretary.

PASSAGE OF THE FOOD ADULTERATION LAW.—This law has passed the State legislatures of New York and New Jersey. Its enforcement will be a matter of considerable delicacy, but in the hands of capable officials is not likely to be either unjust or needlessly oppressive. The credit of securing its passage is very largely—indeed, chiefly—due to the persistent efforts of Mr. Henry C. Meyer, editor of the *Sanitary Engineer*. Men of science and of letters, and merchants concerned in the trade interests of both States, have given cheerful and intelligent aid. There is reason to believe that manufacturers, importers, and dealers will find it to their best interests to aid in its enforcement.

A MEDICAL CHARTER REFUSED.—Judge Allison, in the Court of Common Pleas of Philadelphia, recently refused to approve the charter of the "Independent Medical Association." "The most weighty objection," he said, "which had been made against the association was that some of the incorporators were graduates of certain of those bogus medical colleges which had brought discredit upon Philadelphia, and had been injurious to the medical profession both at home and abroad." The counsel for the association had argued that it was beyond the power of the Court, under the act of Assembly, to inquire into the character of the incorporators, provided the objects of the association were good. "We entirely dissent from such a doctrine," said the Judge. "We are not to be bound by the strict letter of the law under such circumstances as these, but must look, to some extent, to the character of the people who will compose the new organization. If the argument of counsel were correct, then the Court must blindly grant a charter in all cases, and shut its eyes even where it knows an application has been made by notorious criminals. The Court proposed to raise the point in this case, and it would therefore refuse the charter; and if the parties felt aggrieved at the decision, they could carry the case to the Supreme Court."

THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.—The seventeenth annual session of the Homœopathic Medical Society of Pennsylvania will be held in West Chester on September 20th, 21st, and 22d, 1881.



Arrangements have been made to accommodate the members at Kenney's Hotel, and the meetings will be held in the parlors of the same hotel. I will prepare a formal announcement for the August number of this journal, and will then be able to give routes, etc.

I have still a number of copies of the *Proceedings* of last session that I am desirous of getting rid of, and will be glad to forward them to members as fast as arrearages are paid up.

Yours, respectfully,

R. E. CARUTHERS,

107 ARCH STREET, ALLEGHENY CITY, June 11th, 1881.

Cor. Secretary.

In this connection we have received the following notice.—(EDS. H. M.):

To the Members of the Homœopathic Medical Society of the State of Pennsylvania: I will be away from the State during the next three months, and have turned over the books and papers of the treasurer to R. E. Caruthers, M.D., one of the secretaries of the State Society. Members wishing to pay their dues will please remit to him by postal order, for which he is hereby authorized to receipt in my name.

J. F. COOPER, M.D.,

Treasurer.

SETTLEMENTS—CLASS OF 1881.—W. F. Cleveland, M.D., has located at Lewiston, Maine; J. P. Hershberger, M.D., at Lane, Ohio, in copartnership with F. L. Flowers, M.D.; Charles B. Young, M.D., at Lynnhburg, Va.

LOCATION OCCUPIED.—We are requested by Mr. W. F. Miller, of Butler, Pa., to state that this place has been occupied by Dr. E. N. Leake, formerly of Blossburg, Pa. He located at Butler some three months ago.

DECEASED—BRAUTIGAM.—At Ward's Island Hospital, New York, June 1st, 1881, of typhus fever, contracted while performing his duties as interne of the hospital, C. W. Brautigam, M.D., a graduate of the New York Homœopathic Medical College of the class of 1881. In reference to the death of this hero we have received the following:

At a meeting of the Medical Board of the Homœopathic Hospital, Ward's Island, held this evening, the following preamble and resolutions were adopted:

WHEREAS, It has pleased the Divine Creator to remove from our midst, at the very outset of his career, and in the first flush of his youthful hopes of professional success, Dr. C. W. Brautigam; and in view of the fact that in the performance of his duty to the sick, afflicted with typhus fever, he fell a victim to that malignant disease at the hospital, while in active discharge of his duty as interne to that institution, therefore be it

*Resolved*, That the Medical Board of the Homœopathic Hospital, Ward's Island, has learned with profound sorrow of the death of Dr. C. W. Brautigam.

*Resolved*, That it is a fitting occasion for the entire staff of the hospital to express its appreciation of the services of its interne; of his bravery in his untiring attention to those suffering from the malignant disease from which he perished; and of the manliness and fortitude which, to the end of his life, he exhibited in the strict performance of his duty.

*Resolved*, That the sadness engendered by the death of one so young must be combined with high admiration for the manner in which, with "his harness on," and in front of the battle, he was suddenly summoned to the presence of his Maker.

*Resolved*, That these expressions of our estimation of his life, his character, and his noble death be presented, with the sincere sympathy of the Medical Board of the Hospital, to his bereaved family and friends, and be published in the medical journals of the country.

[Attest]

ALFRED K. HILLS, Secretary.

NEW YORK, June 2d, 1881.

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green streets, Philadelphia.

Send all business communications direct to our office.

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Original Department.

VERATRUM VIRIDE IN ACUTE DISEASES OF THE FUNDUS OCULI.

BY D. J. M'GUIRE, M.D., DETROIT, MICH.

(Read before the Michigan State Homœopathic Medical Society.)

As I have never before trespassed on the time of this society by the recitation of clinical experience, and inasmuch as I believe this will be found to be a contribution to special therapeutics, I hope I may be pardoned for so doing at this time.

The remedy to which I wish to direct your attention is *Veratrum viride*, or American Hellebore, in its action on some diseases of the fundus oculi.

As the cases will indicate, my attention was first directed to this drug as a remedy in these conditions by its known influence over cellutitic conditions in the pelvic tissues of the female. Finding the two conditions associated, I was led to connect them as cause and effect, and to apply the remedy in certain diseases of the fundus, on the theory of vaso-motor influence. Later experience has also shown its usefulness in those conditions of the eye which have their origin in vascular excitement of the meninges, from causes operating more directly.

A brief pathogenetic résumé, as directly connected with our subject, gives the following:

An arterial sedative, producing cerebral anæmia, depresses the vaso-motor centres, and reduces arterial tension and the temperature.—*Bartholow*.

Action corresponds to Aconite, and is opposed to that of *Digitalis* in its effects upon the heart and arterial tension.—*Bartholow, Ringer*.

The symptoms of exhaustion thus produced are the homœo-

pathic indications for its use, when it will act as a tonic to the heart.—*Hughes, Guernsey, Bayes.*

In Burt's experiments on cats, the arachnoidal arteries were, in one instance, found greatly congested; and Hale believes it to have an especial affinity for the base of the brain and spinal cord, and also remarks that it is indicated in *amaurosis* from irritation or congestion of the optic nerve, when the symptoms correspond to its pathogenesis.

Hughes, after recounting the symptoms (subjective) furnished by Ringer, Burt, Wood, and Coe, thinks with Hale, that it is a true simile for erethistic and hyperæmic conditions of the brain and cord.

In selecting my cases for presentation here, I shall use those which I consider most striking, and which, consequently, contain most evidence of remedial action, without any reference to the order of their occurrence in my records.

CASE I.—Mrs. —, æt. 32. Was referred to me by Professor Franklin, April 14th, 1879; never had any (previous) eye-trouble. Vision good at all distances. Has always suffered from dysmenorrhœa, with severe cephalalgia, just before or after menses; and for last six years has had occasional epileptiform convulsions, all of which were interrupted during her only pregnancy, and the subsequent period of lactation. Child died when nine months old, and with the re-establishment of the menstrual function occurred the dysmenorrhœa, head-pains, and convulsions, the latter being more frequent than ever.

*Eye History as Revealed at First Visit.*—Eight weeks ago sudden complete loss of qualitative vision of *right eye*, with contracted pupil; vision of left eye only slightly hazy. No pain or uneasiness in eyes until two days after loss of vision was noticed, when she had a severe attack of cephalalgia, lasting one week, with unconscious state, fainting and vomiting, at same time objects appearing like balls of fire before eyes. Had a subsequent similar attack, three weeks later, since which time has had aching pain in one or the other constantly, increased in evening to sharp pains, with the appearance of stars, flashes of fire, etc. (Phosphenes.)

*Vision Test:*

L. E. V. =  $\frac{15}{30}$ ; R. E. V. = Perception of light.

Ophthalmoscope shows choroiditis circumscripta, a single nodule, just external to macula. The nodule, and tissues between it and macula, having the characteristic prominence and



yellow-red color, while small lines and dots of choroidal pigment gave evidence of the approaching atrophy in that tissue.

Patient came under my care at menstrual time, at close of which she had an attack of head-pain, such as above described. Pain began in orbital regions, gradually extending backward through base to cord. Opisthotonos was very marked at an early stage, and the body and limbs became highly hyperæsthetic, consecutively, from above downward, following the course of the development of pain. A few hours later these parts became anæsthetic, this being followed by marked atrophic changes in the muscles; particularly noticeable were these changes in the muscles of the lower extremities.

Dr. Gilchrist saw patient with me during this attack; but none of the remedies then selected, as Acon., Bell., Cimicif., and Nux v., made any observable impression.

At the next menstrual period we had the usual phenomena, and six hours after headache began I was called. The opisthotonos was already quite marked, and considerable hyperæsthesia existed; this was at 3 o'clock, A.M. Ver. vir.<sup>θ</sup>, five drops in a goblet half full of water was given, at first at half-hour intervals, then at intervals of one hour; patient remarked sense of relief before second dose was given. Five hours later, when I called, patient was lying quietly in bed, and almost free from pain. There was, however, well-marked anæsthesia, which was followed by some wasting in muscles of extremities, so that she was not able to walk until after some ten days. The remedy was continued at this time through about two weeks, but, some of the time, only at long intervals.

The next attack came, as usual, at next menstrual period; but the remedy was given at the beginning, and with the effect to entirely abort the attack; two or three subsequent attacks were controlled, in same way, by the early administration of the remedy. Its administration was also continued through two and three weeks from each menstrual period, in attenuations varying from the 1<sup>x</sup> to the 200. Other remedies, as Lil. tig. and Puls., were used occasionally, through periods of one to three days, to control some peculiarities in the monthly function.

August 14th. *Vision Test:*

R. E. V. =  $\frac{1}{3} \frac{5}{0}$ . L. E. V. =  $\frac{1}{1} \frac{5}{5}$ .

Snellen No. 1 is read:

R. E. P. = 7<sup>n</sup> R. = 13<sup>n</sup>

L. E. P. = 7<sup>n</sup> R. = 18.

Examination of fundus shows the circumscribed atrophy of choroid to be of about the same dimensions as when first observed, the remaining portions of the choroid and retina being in all respects of normal appearance.

Patient now returns to her home in Kansas. Subsequent reports, extending over a period of eighteen months, say that she has had no return of the headaches, and no longer suffers from dysmenorrhœa or convulsions.

Vision remaining good and probably improved in right eye over the above test.

Dr. Phil. Porter, who had treated her some years previously for dysmenorrhœa, made for me a careful examination and methodical report of the condition of the pelvic tissues and organs, about six weeks before she passed from my care, the result of which was to verify my suspicions of metritic cellular infiltration.

The points of special interest in this case are :

1st. The characteristic action of the remedy in the prompt relief from pain and spasm.

2d. The prompt arrest and entire relief of the choroiditis. Vision beginning to improve, and continuing steadily to do so, after the first period of administration.

3d. Relief from the life-long uterine troubles, which, through vaso-motor influence, had caused the choroiditis.

I should also remark that on the two occasions when the Verat. was given to break up the attack, the pulse was already depressed in frequency below 60, soft and compressible in character, and that, on each occasion, these evidences of cardiac depression disappeared as soon as the remedy had time to take effect, a change being noted in a few minutes after the administration of the first dose.

CASE II.—May 11th, 1880. Mrs. —, æt. 21. Brunette. Brown irides. Good physique. Paraplegia, hemiplegia, and apoplexia have shown themselves in a number of the ancestors on both the maternal and paternal sides.

Six weeks ago patient was attacked with violent pain in small of back and through pelvis, and burning sense as if boiling water was being poured over parts. Pain and violent cramping in calves and feet, with numbness and itching; preceding these symptoms there was violent cephalalgia, beginning in nape and base. These pains, which are acute in character, exist at present, and are aggravated by lying down; scalp sensitive; has never been subject to headaches; menses always infrequent and scant. A written statement from the gynæ-

ecologist (in Boston) who treated her at this time, showed her to be suffering from acute metritic cellulitis.

The history of eye-trouble dates back only five days, since when she has had dull pain in left eye, with gradual failure of vision. Some heavy pain in left side of head, ameliorated by pressure, aggravated by lying down. Retro-vulvar pain from lateral motion of or pressure on ball; pupil responsive to light.

L. E. V. =  $\frac{4}{70}$ ; inspection of fundus shows a typical "*congestion papille*," papillary margins being entirely obscured, and presenting the characteristic gray, woolly appearance. Both veins and arteries large and tortuous.

R. E. V. =  $\frac{1}{20}$ , with +  $\frac{1}{49}$  =  $\frac{1}{15}$ .

Retinal veins markedly tortuous and dilated; no disturbance of vision noted by patient in this eye. R̄. Verat. virid tinct., five drops in water.

May 12th.—Saw patient at her residence. She thinks she suffers less pain, but vision in left eye is now only quantitative, while that of the right is perceptibly blurred. R̄. Verat. virid, 1 $\times$ , in water.

May 13th.—Cramp and head-pains all relieved, retro-vulvar pain much less; is able to lie comfortably in bed, and slept well during the night. Verat. virid. continued.

May 15th.—All pain and soreness gone.

May 23d.—The *Veratrum* having been interrupted occasionally for twenty-four hours to meet some intercurrent condition, ophthalmoscope reveals in left eye marked retrogressive changes.

May 25th.—Get a small crescent of outer lower border of disk; tortuosity of veins gone. Right eye vessels appear entirely normal, and sense of blur relieved.

June 7th.—R. E. V. =  $\frac{1}{5}$ ; L. E. distinguishes hand at upper part of field.

June 10th.—Counts fingers in upper part of field of left eye.

June 20th.—Left eye V. =  $\frac{1}{40}$ ; but marked micropsia exists, letters seeming only about half normal size.

Illness on my own part prevented later tests being made; but patient reports unusual good health, and vision good. I, however, do not believe the latter to be of normal value, as there is probably sclerosis of some of the nerve elements most seriously involved in the pressure exerted before absorption of the effused material took place.

The clinical history of this case shows that when the patient



was placed under treatment, the condition was rapidly progressive, and that in less than forty-eight hours after commencing the use of the remedy the disease was under control, a result which I do not believe could have been obtained by any other remedy or measure.

CASE III.—June 11th, 1880. Mrs. —, æt. 33, referred to me by Dr. Claypool, of Toledo. Of fair vigor, and no pronounced symptoms of sexual disease, or other general functional disturbances.

On Monday, the 7th instant, became suddenly blind in upper half of visual field. Had a similar attack one year ago, and recovered fair vision after six months' treatment by Mercury and Potash.

*Status præsens*: Right eye V. =  $\frac{1}{5}$ . Left eye V. =  $\frac{1}{5}$ . Optic disk can be indistinctly outlined. Only the superior retinal vessels can be with difficulty traced. R. Verat. virid.

June 24th.—Retinal vessels all distinctly seen. Arteries having hazy margins, disk margins distinct.

Recovery from this time was so rapid that patient could not be induced to report. However, there is no doubt that the Veratrum did all that a remedy in its sphere could accomplish.

I have used the remedy in a large number of cases belonging to this class, in which the results have been equally as satisfactory as the one here reported. In one case of *optic nerve atrophy* the cerebral pains were always promptly relieved.

In these cases will be found a clinical verification of the recorded symptoms of the drug as they are exhibited through the muscular and nervous systems, as well as a demonstration of its power over tissue changes in the fundus of the eye, which, so far as I know, have never before been shown. It also, to my mind, furnishes light on the etiology of the so-called Stanning's papille. Wecker, alone, of our standard authors, simply suggesting the possibility that it may, sometimes, be due to reflex influence.

#### A NEW MASTOID CURETTE.

BY W. H. WINSLOW, M.D., PITTSBURG, PA.

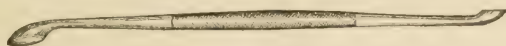
(Oculist and Aurist to the Pittsburg Homœopathic Hospital.)

CARIES of the mastoid process of the temporal bone is quite common in aural practice, and its skilful treatment is necessary to preserve any degree of hearing, and even to save the life of the patient. It is necessary in certain cases to remove the

outer wall of the process, to make a passage through it, to scrape out the cheesy matter and crumbling bone from the cells, to clear scales of necrosed bone from a sinus leading to the external auditory canal, or into the tympanum. To do these operations requires the use of certain instruments, one of the most necessary of which is a bone-scraper or curette.

There are several bone curettes figured in the catalogues, and furnished by instrument makers, but not one of them is suitable for mastoid work. They are all too heavy, too clumsy, too large, and withal, expensive.

I designed an instrument last winter, and G. Tiemann & Co., of New York city, made one to correspond with specifications. It consists of an oval cast-steel shaft, terminated at each end by an oval cup with sharp cutting edges. The cups are of different sizes; the large one for rough work, such as cutting away the outer surface of the mastoid, the small one for working along sinuses and scraping out the tympanum:



Mastoid Curette (half-size).

I have used the curette several times in mastoid disease, and it answers the purpose admirably. I think it may be useful for operations upon carious bone elsewhere. The above firm will keep it in stock, and designate it "Winslow's Mastoid Curette."

## THE DRAINAGE OF SEASIDE TOWNS AND HOTELS.

BY BUSHROD W. JAMES, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE general healthfulness of a seafaring life, and even of ordinary voyages across the ocean, is no doubt due, in a great measure, to the absence of contaminating poisons, emanating from sewage and other sources, particularly if the various departments of the vessel are kept clean, and in sanitary order, all noxious matters being at once thrown overboard, while the vessel moves on away from the reach of their morbid influence.

The nearest approach to a seagoing vessel is a small, rocky isle, or a group of islands, located some miles out at sea, as for example, the "Isle of Shoals," off Portsmouth, New Hampshire. Two small, rocky islands have here been utilized for

health resorts, and a large hotel, with modern conveniences, erected on each. The drainage from such an island and hotel carried into the ocean can do little or no harm, and the sanitary condition of such a place is quite equal to that of a vessel, unless the drains are carried into cesspools, or into a sluggishly flowing sewer. Those portions of the Isle of Shoals, already appropriated, have sufficient elevation to secure good drainage, and the only questions of doubt are: first, that of a sufficiently abundant water-supply raised to the top of the hotel for the free and rapid carrying away of all house drainage; second, the proper observance of sanitary precepts in regard to house drains, traps, ventilation of pipes, street-drains, and sewers. Some of the refuse will, of course, remain for a time in the drains, and during this period some decomposition will necessarily occur. Besides these island resorts, however, the sanitarian has to deal with sand-beaches, sand-bars, or islands, lying along the coast, and with the coast itself, all of which now furnish sites for towns, hotels, and private residences, for the temporary accommodation of those in quest of health, rest, or pleasure.

It is when we come to the consideration of beach-level resorts and towns, that the real sanitation problem reveals itself. So little regard is paid to this most vital question in selecting and settling a new seaside town, that the disposal of the various "wastes" is scarcely considered at all, and the question is allowed to solve itself by each owner doing much as he pleases as to sanitary improvements, and, as a consequence, the yard-cess and connecting-pipes to the house (now condemned by all good practical sanitarians), is adopted. These sinks are not always, in fact they are rarely, strictly water-tight, and soil-pollution occurs, more or less, from season to season, while the sandy bed of the settlement, as it increases in age and size, is gradually becoming a vast body of polluted mire and sewage, covered only by a porous surface of sand, and ready at no distant day to produce its legitimate results in originating a typhoid epidemic or other pestilence. The recent researches of the national board of health are important in this connection, as the following extracts from their bulletin will show:

"I. All the substances operated on are excellent filters in eliminating germs from *injected air* passed through them, except when they are of a coarse grain, 10° to 20°, when the interstitial cavities become probably much less labyrinthine. All these filters withstood the tests of currents having many thousand times the maximum velocity attained in the soil.

"II. All natural substances tried thus far, except the finest animal char-



coal, and, perhaps, tightly-packed asbestos, failed to eliminate wholly the germs from *liquids*. In the only natural soils tried, the sand, loess, and kaolin, we find in the sand an absolute absence of filtering power as regards germs in water, which would, probably, be as evident in columns of 10,000 feet, as of 100 feet. In the loess, and in the much more compact kaolin, on the other hand, there is evidence of a greater filtering power. In these cases it is not unlikely that we shall find that somewhat longer columns will eliminate the germs from the first water passing through, and that with them the filtering capacity is merely a question of the relation of length of column to amount of water.

"At this point in our work, it seems as though the filtering capacity were wholly dependent on the size and intricacy of the interstitial cavities, and that in dry-air filters there is a critical limiting point, beyond which there is no filtering.

"And the same remarks seem to be true in different degrees, with regard to the filtration of liquids. Here, far greater fineness and compactness of grain and intricacy of passage are needed than are requisite for air filtration. While sand of 20° is an excellent air filter, sand of 100° degrees in long columns is worthless for water, and the critical limiting point, below which soils begin to exercise any filtering action, probably verges on the size of grain in an impalpable powder.

"From these results it appears very clearly that sand interposes absolutely no barrier between wells and the bacterial infection from cess-pools, cemeteries, etc., lying even at great distances in the lower wet stratum of sand. And it appears probable that a dry gravel, or, possibly, a dry, very coarse sand, interposes no barrier to the free entrance into houses, built upon them, of those organisms which swarm in the ground-air around leaching cess-pools, leaky drains, etc., or in the filthy made ground of cities.

"And from the results obtained from the two series of experiments, viz., in filtering air and in filtering water, we can now draw one very important practical conclusion, which cannot be too strongly emphasized: *That a house may be built on a thoroughly dry body of sand or gravel, and its cellar may be far above the level of the ground water at all times, and it may yet be in danger of having the air of its rooms contaminated by the germs from leaching cess-pools and vaults; for, if the drift of the leaching be towards the cellar, very wet seasons may extend the polluted moisture to the cellar-walls, whence, after evaporation, the germs will pass into the atmospheric circulation of the house.*"—Sanitary Engineer.

The American people near the Atlantic coast are wild on the subject of seaside homes at present, but the day is coming when their eyes will be opened, and they will abandon the vast subsoil polluted sand sponges of the now rapidly growing resorts, that have been located on these bars without adequate sewage. Whatsoever seed is sown is sure to be reaped in a harvest of its kind, and soil, saturated with sewage of the town built upon it, contains the seeds of disease and death, and they will develop as soon as the proper atmospheric, thermometric, electric or other air or soil conditions are produced, either separately or by combining. Besides this, there are constantly being disseminated under and around the dwellings foul gases and vapors that cannot but escape in quantities from a very porous and sandy earth. I know of a "health resort," where

some of the owners of houses have, until recently, had the contents of their cess-pools diluted and spread over the soil of the adjacent yard and garden, and then had the same covered over with sand to hide the offensive material. Could a more suicidal economy have been adopted, than thus to make the ground a vast befouled blanket for the propagation of filth diseases? Then again, many of the wells, or the soil-boxes, are placed directly adjoining the house and next to the kitchen, where impure odors and gases mingle with the food, and are wafted into the bread and milk, and over the articles that are being cooked in the kitchen range, the draft of the fire drawing them in that direction, and are thus served up to the unsuspecting family. Experience in similar situations elsewhere, proves that, sooner or later, some member, or all of the family will be stricken down with a malarial, or other low type of fever.

After rainy weather I have observed at a resort I have frequently visited, large puddles of water, and some of them even a little sewage-tainted, lying in low lots, exposed to the hot sun for a day or two after a storm. This "water puddling" is no uncommon thing at beach-level resorts, when the tide fills the sand with water, and saturates it like a sponge, the fluid running quickly up above its own level through the meshes of the spongy mass, and carrying up with it portions of the previously absorbed sewage, and preventing, at the same time, the rapid absorption of surface-water.

I am familiar with another seaside resort, where there is some elevation, say ten to fifteen feet or more, to the central parts of the town, where there is going on a gradual introduction of a system of drainage by means of vitrified pipes, and the contents of all connected dwellings are carried to an immense receptacle or tank without bottom, except the gravel bed on which it is located. This large reservoir is covered over tightly with boards, and this planking is also covered with sand several feet deep. The bottom-half of this tank is sunk in the gravel, so that the tide fills it about half full when the tide is at its highest. The sea-water runs in from the bottom through the gravel, and half fills it at every high tide, and by this means dilutes the sewage contents, and when the tide is low, this diluted sewage runs out, percolating down through the gravel, and thus the process of removal of the sewage goes on constantly. At low tide the tank is comparatively dry. This is much better than the local cess-wells on each property.

There is another sand-beach resort that I have examined,

which is still better ; where the modern ventilated trap-system and drains for the houses empty all the sewage from the entire resort into a set of drain-pipes, that increase in size as they run from the built-up portion back about one mile distant, where they empty into a large, long, narrow tank, with a tidal-gate at its outer end, so that when the tide is high, this automatic door, or gate, shuts out the tide, and the tank is large enough to hold all that will run in from the drain-pipe between tides. When the tide recedes, the gate opens, and the sewage of the tank runs into a short creek that empties into a bay, which connects directly with the ocean, the immediate locality, where the sewage is thus emptied, being uninhabited. This is the best system I have observed, and especially as the drains are made of a cement, smooth inside, and the whole pipe becomes harder by age, and does not require vitrifying, as do the ordinary pipes. In the latter the coating often breaks in places, and the pipe itself becomes, like the bricks of a walled cess-well, thoroughly saturated with pollution.

There is still another resort, where much of the sewage passes into a creek, which runs around the place some distance from the built-up portions, and the tide flushes out this open stream, dilutes the sewage, and carries more or less of it out into the sea. This open-air drainage is not objectionable, provided the population does not increase to such an extent, as to induce the erection of residences near this stream of sewage-water, or the running of walks or drives along its banks, and provided that all the houses of the town are compelled to connect with the sewers by properly trapped drain-pipes. New sites for health resorts are yearly being laid out along the Atlantic coast, and, as far as my observation goes, no special regard for anything like improved sanitation is exhibited in the beginning, at least by most of them. There are exceptions, it is true, but in most instances the town is allowed to grow up of itself, until the subject of public health forces itself upon public attention, and the authorities resort to one method after another in an almost hopeless effort to remove a danger, which could easily have been prevented. To guard the public against these hidden perils, every State should examine, by its health authorities, the location of every new resort, and enforce a complete and safe system of sanitation before the erection of a building is allowed. Every State owes it to her citizens to protect them against the rapacity and the ignorance of town-site speculators and monopolists, and the laws that are now known to be requisite to health and longevity, when these



towns and summer resorts are planned and laid out, should be rigidly enforced. It is a question of vast importance, and I urge upon the profession and all others concerned, that they do not unwittingly encourage the growth of unsanitary resorts, and thus lead the unwary into the snare of filth-diseases, and similar contaminations.

### DISSIPATIONS AND INJURIOUS INFLUENCES OF HEALTH RESORTS.

BY C. S. MIDDLETON, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE dissipations at all our public health resorts are so palpable as almost to make even the mention of them unnecessary, and the influences brought to bear upon the *habitués* of these resorts are, in numerous instances, more productive of harm than of the good which is one of the professed objects of a sojourn thereat. I shall be able to allude to but few of these influences, and may, perhaps, be met with the expression of a doubt whether they are, indeed, so injurious as they appear. All will agree, however, that numerous cases of prostration, and even of actual disease, come under their notice every year, resulting from a sojourn at the seaside or other health resorts.

That these results, following dissipation, do not apply alike to all health resorts, we are well aware. The nearer the resort happens to be to our large cities the greater seems to be the dissipation. It would be extremely hazardous, and, indeed, quite impossible to name the various means by which this unfortunate expenditure of human energy and vitality is accomplished during a vacation, or a flying trip to these places; suffice it to say, that so notorious is the fact in relation to our most frequented seaside cities, that other towns located so as to secure all the advantages of these health resorts have adopted stringent measures for the prevention of at least the more prevalent and outspoken forms of dissipation, and, it is pleasant to note, with a large measure of success.

The dissipations at health resorts, notably our seaside locations and the fashionable spas, may be classified under two heads, namely, those which are common to all places where a great number of people are congregated during a term of leisure, or otherwise, and those which are practiced individually under all circumstances. The first social, the second personal.

Under the first classification may be named, first, those who

are accustomed to the excesses of society, upon all occasions, and who need the recreative influences of change of air, rest, etc., but who fail to make the best of the opportunity thus afforded; and, second, those who, through unprofitable surroundings, and because they are away from home, intend to have "a good time," and therefore indulge in excesses to which they are, perhaps, unaccustomed, and, consequently, the more hurtful.

The most common of these dissipations, and those indulged in by the most numerous and best class of our citizens, are those which appear to be incident, so to speak, to a fashionable hotel life; late hours, exciting and enervating amusements consequent upon the necessity (?) of attending hops, balls, etc.; also, late and irregular hours for meals. These irregularities engender lassitude and disordered digestion, the latter being very materially aided by stale vegetables and badly cooked food. The results of a few weeks of life which many lead, under the above circumstances, will be sufficiently apparent; and when such a course is pursued to the end of "the season," many return home more in need of actual rest and real refreshment than when they left it. In numerous instances, these people, and particularly the young, return completely worn out, reduced in flesh, haggard, dyspeptic, debilitated, and utterly unfitted for business, yet thoroughly satisfied with the "fun" and "pleasures" of the season, as a sufficient compensation for the impaired vitality or even loss of health.

As to the more personal dissipations but little need be said, since they are chiefly attributable to the force of circumstances unavoidably existing at health resorts, and affect mainly those who are not without a taste for such injurious indulgences at home.

Many thoughtless young people have laid the foundations of disease by constant abuse of their powers of endurance in the enjoyment of social pleasures or individual gratification.

Besides the injurious influences above mentioned, we must not omit a notice of some others attended with more immediate danger to health and life. Much of the virulence of these last-named agencies is due to the fact that they are entirely beyond the control of those who come within their pernicious influences. Among the most dangerous are bad drainage, unhealthy drinking-water, ill-advised locations of houses, small and badly ventilated sleeping-rooms, etc. The dangers thus arising to the health of those who reside for shorter or longer periods at our health resorts can be efficiently remedied only by vigorous and wise measures, instituted by the legal

authorities, aided by a proper care and zeal on the part of those whose business it is to promote the comfort and welfare of those who from time to time resort to these places.

There are two other points upon which it may be well to enter a word of caution before closing this short paper, *i. e.*, the habit of bathers staying in the water too long, thereby endangering congestion to internal organs, catarrhs, and enfeebling of the vital powers, a directly opposite effect to that which the bather desires to produce.

Again, those who go to mineral springs, are too often found drinking too largely of the waters, thinking that if a little does good, a great deal will do more good. I have known individuals to drink seven and eight glassfuls of water of certain mineral springs per day, when, in truth, three glassfuls were ample for all medicinal requirements.

#### DISCUSSION.

REPORTED BY C. BARTLETT, M.D., STENOGRAPHER.

DR. MARTIN thought that the question of pure air was one of great importance. To illustrate, he mentioned the case of a lady living in Camden, who suffered from asthma, which disappeared on her removal to Philadelphia, only to return when she again lived in Camden. Also that of a gentleman who could not sleep in the upper part of the house, but had no such difficulty in the lower part. He also spoke of a lady suffering from neuralgia whenever the temperature was high. He sent her to Atlantic City. Since then she has been free from the trouble. A child suffering from diarrhoea was sent to the country, and the diarrhoea ceased the next day, but returned three weeks later, when the child was brought back to the city. Dr. Martin called the attention of the society to Schooley's Mountain as a health resort. In this town but one child has died during the last eight years.

DR. DUDLEY: I believe that the time will come when it will be of interest to know exactly the character and symptoms of the case which has been benefited by this or that climate. Some time ago a lady patient of mine, with pharyngitis and pleurodynia, went to Cape May, against my orders. Contrary to my expectations she came home free of her trouble. I have since sent apparently similar cases there without any benefit. Now what was there in that case that it should receive benefit where other cases apparently like it were not aided? I would also call attention to a row of houses now being built near my



office. The lot was formerly occupied as a car stable. The ground for several feet deep is strongly impregnated with foul gases. In answer to a question by Dr. Johnson, Dr. Dudley said that the patients he recommended to Atlantic City, were generally those who had been broken down by mental or physical overwork. Good effects usually followed.

DR. JOHNSON mentioned the case of a lady suffering from malaria who was cured by a short sojourn at Atlantic City.

DR. FARRINGTON called attention to coal-gas as an impurity in the atmosphere of our houses. On what are called heavy days the air will be rendered more or less obnoxious by the presence of gas which comes down the chimney. In some cases, it is owing to the imperfect arrangements of the heaters and ranges. The continued heat will crack the bricks and the mortar, and allow the gas to penetrate the rooms. His little girl in the early part of the winter was taken with a peculiar paralysis. The cause was obscure until one day the room was so filled with coal-gas that she was removed to another apartment and since then she has been improving without the aid of any remedy. On a subsequent occasion, when she was again exposed to the coal-gas, the paralysis returned.

DR. J. K. LEE: In our heating-apparatus we have a serious fault. The air is received from the cellar, instead of outdoors. Memphis was recently subject to the visitation of a serious plague, owing to the defective drainage, but since the introduction of the improved system of drainage that danger has passed away.

DR. SILAS GRIFFITH said that a very common impurity in our atmosphere was the fumes of tobacco.

DR. B. W. JAMES: The system of running houses together is defective. They have a nine-inch wall between. Sometimes you can see through the wall into the next house, especially where the flues come together. I once perceived the odor of small-pox in a house in which I was attending when one of the family in the house next door was suffering from that disease. I then found out that you could see through the wall into the adjoining house.

DR. K. LEE spoke of a system of heating apparatus in which the pipe is connected with the smoke-flue. This answers the double purpose of producing a constant current and using the disinfectant action of smoke.

DR. B. W. JAMES: But this system cannot be maintained every season of the year.

DR. J. C. MORGAN: A very common mistake is to make

drainage-pipes too large. That tends to stagnate the flow of the sewage. The practice of smoking is a very reprehensible one. It interferes with the comforts and pleasures of others. I send babies during dentition to the seashore. They obtain milk from cows who feed in the salt marshes. They there begin to crop out all their teeth. *Aqua marina* is a remedy of no mean power.

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### PROSOPALGIA.

BY JOHN V. ALLEN, M.D., FRANKFORD, PHILADELPHIA, PA.

I HAVE thought the following case worthy of being brought to the notice of the profession, to show the superiority of homeopathic medication in the treatment of neuralgia. The disorder involved the left side of the face, affecting the infra-orbital branches of the superior maxillary nerves. The patient, a man, sixty-three years old, had been suffering with daily attacks of neuralgia for the last ten years, and during all that time had been treated by allopathic physicians.

When the patient was brought under my notice, May 20th, he was suffering most intense pain; he was unable to eat anything, except soft and easily digested food, such as soft-boiled eggs, milk toast, boiled rice, corn starch, and a few vegetables. The patient had been in the habit of taking every evening a purgative consisting of *Magnesia* and *Rhubarb*, for over three years. In the morning, when he attempted to wash his face, he was compelled to desist, on account of the pains produced thereby; the patient was unable to tolerate the least jar or touch of the part; touching his mustache would cause intense radiating pains (or, as he described them, "zigzag") up into the head and eye, and down into the cheek, lips, and neck, with profuse lachrymation. He was unable to hold a cigar in the left side of the mouth, or to expectorate, as it would be sure to bring on an attack; wiping perspiration from his face caused a recurrence of the pains; there were intense pains after an evacuation of the bowels, and also on exposure to cold winds. He also suffered with dyspepsia, his tongue was thickly coated yellowish-white every morning, and continued so nearly all day, and he complained of the neuralgia being worse when the tongue was in this condition. There was frequent belching of a sour fluid, pain in region of left kidney, and tenderness of abdomen to contact; the urine was frequent and scanty, and contained a red sediment, and the bowels constipated, and he felt very drowsy and tired in the morning, and did not feel like getting

up. I prescribed *Nux vom.*<sup>200</sup>, and forbid the use of cathartics. I saw the patient one week later, and found that the dyspeptic symptoms had almost entirely disappeared, but the neuralgia had improved but very little, if any, and, as he now complained mostly of the neuralgia, I prescribed *Mezereum* 6 $\times$ , and discontinued the *Nux vom.*, and found, one week later, that the neuralgia had greatly improved. I continued the *Mezereum*, and on his visit, June 18th, he reported no attack of neuralgia for over a week, the dyspeptic symptoms removed, and he can eat anything that is set before him—something he has not done before for years. The patient was now suffering from symptoms of a cold, the cough being worse in the evening, and until midnight, with tightness of chest, and soreness and burning in the bones of the chest, and, as these symptoms are those of *Mezereum*, I thought we might be getting a proving of the drug. I, therefore, on June 21st, discontinued the remedy. The chest symptoms gradually disappeared.

#### A CASE OF TRAUMATIC GANGRENE.

BY R. S. PERKINS, M.D., NORFOLK, VA.

ON June 5th, 1881, I was called to see G. A., aged seventy-six years. Six days previously he crushed his middle and two smaller fingers completely. The parts had been imperfectly dressed a short time after the accident, but otherwise had received but little attention.

I found that gangrene had set in, and to make the case still more grave, there was superadded erysipelas of the phlegmonous, or cellulo-cutaneous type. The limb was enormously swollen, and vesication extended nearly to the axilla. My patient being extremely feeble, with a pulse of 130, very weak and compressible, temperature 105, with restlessness and, at times, delirium, I of course gave an unfavorable prognosis.

*Rhus* 3 $\times$ , was given in water, a dose every two hours.

June 6th.—Found him apparently better in some respects; the erysipelas had not advanced any, and the arm looked to be less swollen, though the gangrene was still advancing slowly up the hand.

I continued the medicine, hoping to check the erysipelas, and then to amputate as soon as a line of demarcation should show itself.

After forty-eight hours there was considerable improvement, the vesicles, as well as the swelling, having nearly all disap-



peared. The gangrene was constantly advancing, having involved nearly the whole hand.

As Rhus had accomplished about all that could be expected, Arsenic 3<sup>x</sup> was given. Three days after, there was a well-defined line of demarcation just above the wrist. His general condition had also improved, so I determined to operate.

Drs. Webster and Riddick met me at the appointed time, and we proceeded to amputate. Desiring to save as much of the member as possible, I made the first incision just above the elbow; but, finding the tissues infiltrated with pus, and thoroughly diseased, I was compelled to go up within six inches of the axilla.

The arm was consequently severed at that point by the antero-posterior method. I secured very good flaps, and there was very little hæmorrhage.

The patient rallied nicely after the operation, and on visiting him the following morning found him sitting up, and was told he had eaten quite a good breakfast, and had been walking about the room. He continued to improve in every respect, the wound healing promptly, with no sloughing and very little suppuration. He is now, I think, entirely out of danger. Taking into consideration all the circumstances, I think it a very successful case.

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### Miscellaneous Contributions.

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#### HOMŒOPATHIC PHARMACY IN PHILADELPHIA—BOERICKE & TAFEL'S NEW LABORATORIES.

ONE of the most fortunate circumstances connected with and contributing to the growth of homœopathy in the United States, has been the scrupulous care, intelligence, and honesty exhibited in the preparation of our medicines. To the allopathic prescriber, an imperfect medicine may answer his purpose, but to the homœopathist, a doubtful preparation is utterly worthless. Comparative purity may do for allopathy, but for homœopathic prescribing we must have absolute purity. It has seldom or never happened that homœopathic prescribers have been led to doubt the composition or the purity of the drugs prepared by our pharmacists, either domestic or foreign, and this, we reiterate, has doubtless contributed much to the progress of our system.

The homœopathic pharmacy of our day is, however, the

outcome of a gradual and steady development. Much of the present knowledge respecting the best methods of preparing and preserving medicines was not enjoyed a quarter of a century ago. And these later improvements are not the result, solely, of the advances in chemical and physical science. Our pharmacy could not have profited very much from these advances but for the enthusiasm and the progressive character of the men engaged in homœopathic pharmaceutical work. The late developments of microscopic research, and their prompt application to the preparation of our medicines, will serve to illustrate our point. As a result of these efforts on the part of our pharmacists, their modern processes, and the elegance and perfection of their preparations, are sometimes conceded even by our opponents of the other school of practice.

The history of homœopathic pharmacy in Philadelphia has not, it seems, been very thoroughly written, but from the record in the historical volume of the *World's Convention Transactions* we learn the following facts in relation thereto:

"Jacob Behlert sold homœopathic medicines in Philadelphia as early as 1835, and also made the first domestic cases. About the same time, or soon afterwards, Mr. I. G. Wesselhoeft sold them at his bookstore, until 1842, . . . his store being then at No. 9 Bread Street. Dr. G. Lingen also kept these medicines at No. 105 North Seventh Street in 1835, and they were also sold at the Allentown Academy, Allentown, Pa. During the year 1842 Mr. Wesselhoeft removed to St. Louis, and his clerk, Mr. William Radde, continued the business, but removed it to New York. In the same year, or early in 1843, Mr. Charles L. Rademacher opened a store for the sale of homœopathic medicines at No. 39 North Fourth Street, and so continued, when in 1848 Dr. Jacob Sheek became his partner, and under the firm of Rademacher & Sheek, located at No. 239 (now numbered 635) Arch Street. Mr. Rademacher withdrew from business in 1855, and died in 1861. Dr. J. G. Sheek continued it under his own name until his death, on January 1st, 1858. Mr. William Radde, Jr., of New York, then bought the stock and continued the business in the same location until his death in 1862. This business was then bought by Mr. F. E. Boericke.

"In September, 1840, Dr. J. Tanner had the United States Homœopathic Pharmacy at No. 104 Chestnut Street, Philadelphia. It is not known how long he remained there.

"Matthews & Howard opened a pharmacy at Eighth and Spruce streets, Philadelphia, in 1852, and continued until 1857, when the business was sold to F. E. Boericke.

"F. E. Boericke and Rudolph Tafel, under the firm of Boericke & Tafel, opened, in 1853, a store at No. 34 South Fifth Street, near Chestnut, but being burned out the year after, opened again, a few weeks after, at No. 34 South Seventh Street. Mr. Tafel withdrew from business the same year, and Mr. F. E. Boericke continued it, removing in 1867 to 511 Chestnut Street, and in 1861 to 48 North Ninth Street. In 1864 this business was sold to Mr. A. J. Tafel, who remained at Ninth Street under his own name until 1869, Dr. Boericke meantime continuing at his store in Arch Street.

"In 1869 F. E. Boericke and A. J. Tafel formed a partnership under the

firm name of Boericke & Tafel, which is continued to the present time (1876). They have the largest homœopathic pharmacy in the country, and have, besides their two pharmacies in Philadelphia, establishments in New York, Chicago, Baltimore, and San Francisco."

To this history, as presented at the World's Convention, in 1876, we have but to add the removal of the Ninth Street branch of the business to No. 125 South Eleventh Street. This change took place, however, a short time previous to the close of the above record.

It will thus be seen that the business of a homœopathic pharmacy has been carried on at No. 635 Arch Street for a period of thirty-three years. During the continuance of the present partnership, the laboratories connected with the entire business have been located in this building, supplying most of the wares offered for sale to the pharmacies of New York, Baltimore, Chicago, New Orleans, San Francisco, and Oakland, California, besides the two in Philadelphia.

Here have gathered, time and oft, the men whose wisdom, energy, and self-sacrificing devotion to the cause of truth, have made the art of therapeutics what it is, and precious memories of Hering and Jeanes, of Williamson and Gardiner, and a host of others, long gone to their reward, will cluster round the old building where so often they met each other and talked of the trials and the triumphs of their loved Homœopathy.

The year 1881 witnesses some most important changes in homœopathic pharmacy in Philadelphia. The rapid and enormous growth of the city to the north and west has necessitated the establishment of a branch of the business in that direction. A new store has, therefore, been opened at No. 1216 Girard Avenue, and supplied with a complete stock of homœopathic medicines and publications. This store will prove a great accommodation to the up-town physicians, and the fact that it is to be under the management of the genial and energetic Mr. Schaeffer, formerly in charge of the Eleventh Street pharmacy, will help to secure for it a large share of patronage.

The old pharmacy has also been removed from 635 Arch Street to 1011 Arch Street. The new quarters have been admirably fitted up for the reception of the various branches of the business. Through the kindness of the senior partner of the firm, we have been permitted to make a thorough inspection of the new establishment and of the apparatus and processes pertaining to it, and have prepared a brief description for our readers.

The building is three stories high, having a front of twenty-



six feet and a depth of about one hundred and twenty feet. The front entrance is central and flanked on either side by large bulk windows extending quite to the ceiling, and affording an abundance of daylight to the store. These windows and the doors are of ash and heavy plate glass, and are surmounted by a handsome sign. On entering we find ourselves in the store or salesroom. This room is forty-six feet long by twenty-four feet wide, with tile flooring and high ceiling. In the rear of this room and communicating with it by a wide archway is the counting-room, lighted by a handsome stained-glass window in the rear and a skylight above, and imparting a fine effect to the entire apartment. On the east side of the store-room is a large painting by Professor Faber, representing Pharmacy and Botany, supporting on either side a medallion of Hahnemann. The remainder of the eastern wall is occupied by a handsome case of book-shelves. On the opposite side is the magnificent case of medicine-shelves and drawers used by the firm to exhibit their wares at the Centennial. These shelves are inclosed with heavy plate-glass and sash, operated by weights and pulleys, while within, each of the shelf-bottles is further protected by being kept in its appropriately labelled box. The tinctures and triturations are kept in separate compartments of the case, and every possible precaution is observed to guard against mistakes and against the danger of the mutual contamination of drugs. On the same side of the room stands another and very unpretending case, which possesses some interest. This case contains seven hundred boxes, labelled with the names of as many different drugs; each box contains thirty vials, each vial properly labelled with the name of its appropriate medicine, and the corks numbered from one to thirty inclusive. Here then we have seven hundred drugs, each represented in dilutions from 1 to 30. The object of keeping these 21,000 vials is, to be able to fill at once, any order for any dilution of any drug. Thus, if a customer should ask for the 18th of *Chimaphila*, the clerk can prepare it in a few minutes from the 17th, and is therefore under no temptation to give some other dilution, even if pressed for time. Each of these boxes is marked with the date on which its contents were prepared, and the dilutions are all made new once every seven years, to guard against the possibility of contamination, loss of property by volatility, entrance of minute quantities of dust, etc. In connection with this department, we were informed by Dr. Boericke, that the establishment contains some 35,000 different drug-preparations.

In the rear of the salesroom and connected with it by a hall there is another large room, about fifty feet long by eighteen feet wide. This is designed as storage-room for wares intended for the salesroom. It is well lighted and provided with every convenience. At the rear of this room, there is a four-horse stationary engine, which drives the machinery in the laboratories above. This engine is driven by common illuminating gas, and requires neither coal nor water, thus obviating all annoyance from coal-dust and ashes. The gas is admitted to the cylinder, where it is exploded, and thus acts directly upon the piston. Beyond this we enter a small room provided expressly for the work of washing bottles,—not “bottle washing,”—and containing also an apparatus for drying the vials inside by streams of cold dry air.

The basement was next visited. It is large, roomy, airy and well lighted, provided with a hard cement flooring, and perfectly free from dampness. The front basement is intended for storing glassware; the rear part will be used for distilling water and refining sugar.

Ascending to the second story, we were shown into a well-lighted, airy room, 50 by 18 feet, fitted with shelves all around, which were loaded down with labelled boxes and bottles, while upon the upper shelf we counted more than a hundred large porcelain mortars. This is the “trituration room,” and its chief interest centres in a row of eight trituration machines occupying the middle space of the apartment. Each of these machines is inclosed in a large box with glass top, through which the process can be constantly watched, without permitting the escape into the room of the fine particles of the drug, and effectually preventing the various drugs in course of trituration from contaminating each other. Within each box is a large mortar resting upon a small revolving platform. The heavy pestle is operated by an arm which enters the box at one side, and is put in motion by a crank driven by the gas-engine already mentioned. The machine is so nicely adapted to its work, that the pestle never passes twice over exactly the same track. We took the trouble to *time* the movements of the machine by the watch, and by a simple calculation we learned that in the preparation of each trituration the pestle makes about fourteen thousand four hundred revolutions,—a significant fact for those of us who sometimes imagine that possibly we might prepare our own triturations. Each drug has its own mortar, and the utmost precautions are taken to avoid the slightest danger of contamination. In a small room in the

rear of the one just described we found two more triturators, and learned that these were used, as a special precaution, only for volatile and odorous drugs.

Next we visited the third story. In the rear end of the building we were shown two rooms, in one of which—the milk-sugar room—we found a mill and bolting machine, and in the other—the cane-sugar room—two pill machines. These rooms have also every needed facility for carrying on the work for which they are intended.

In the front portion of this third-story we were ushered into a large room, about 46 by 24 feet. Here the process of making tinctures is carried on, and here immense quantities of these tinctures are stored. Considering that such proportions of them are administered in the form of dilutions, it is surprising that such large quantities should be needed. As an example, we noted that *Cimicifuga racemosa*, a remedy nearly always used in dilution, even by the lowest of low-potency prescribers, was present to the amount of some fifteen gallons. Others we saw in corresponding quantities. Dr. Boericke informs us, by the way, that the demand for American tinctures is greater than for the foreign; that he sells more Gelsemium than Aconite. These preparations are made by maceration and expression. The macerated plant is inclosed in a strong bag (each drug having its own labelled bag), placed between two heavily-gilt plates, and subjected to an immense pressure in a compound screw press. The use of gilt metal plates was found to be necessary; as marble, iron, or almost any other substance would be more likely to be acted upon by the vegetable juices, and glass was out of the question on account of the enormous pressure required. The preparation of these tinctures seems to require a special amount of watchfulness, and is under the eye of Dr. Boericke himself. Every vessel, every stopper, every bag, every package, is distinctly marked, and the exact age of every preparation is known.

Last of all, we were shown the second floor front, a portion of the building which we omitted as we made our way upwards. This portion consists of two rooms. First, there is a small room, in which we saw ladies seated at a table, engaged in corking vials, fitting up medicine cases, etc. (the *filling* of these cases is done elsewhere). Secondly, there is a fine large square apartment,—the “book room,”—fitted with shelves along the walls, and stocked with the publications of the firm. Everything about these rooms is as clean and tidy



as care can make it. Here in the book-room, we were told, is where medicines are "run up," the process with each remedy being carried on entirely away from the influence of other drugs, and with perfect freedom from the likelihood of contamination.

Last of all, we were shown two dumb-waiters, or elevators, one for the front, and one for the rear rooms of the establishment, each affording communication from the bottom to the top of the building.

There was one thing we noticed which, of course, could not be other than gratifying to a homœopathic doctor, *i. e.*, the entire absence of anything like a "drug-store smell" anywhere about the building. "How do you manage to get rid of odors?" we asked Dr. Boericke. "We will not, and we do not, have any!" was the reply. Then, as we separated, he said with evident warmth and cordiality: "Tell the readers of the *HAHNEMANNIAN* to come and see it for themselves." And the place is Number 1011, Arch Street, Philadelphia.

P. D.

#### THE AMERICAN PÆDOLOGICAL SOCIETY—PROCEEDINGS OF THE SECOND ANNUAL SESSION.

(From the *New York Medical Times*.)

THE second annual session of the American Pædological Society was held at the New York Homœopathic Medical College, on Monday, June 13, 1881, at 10 A.M., the President, Dr. T. C. Duncan, in the chair.

DR. LILIENTHAL, in his usual happy style welcomed the society to the city of New York, after which

PRESIDENT DUNCAN said: "We are assembled to-day on one of the most important missions that ever brought physicians together. We come to consider some of the causes of the many diseases of children, and the enormous mortality among those under five years of age. Glancing over the statistics of the last census of this and every other country, we are confronted by the fact, sad as it is, that about one-third of all the children born die before they reach the age of five years. In studying the mortuary reports of the principal cities, we are met with the astonishing fact that about one-half of the total mortality are children under five years. A simple contemplation of these facts is enough to arouse a deeper interest in this subject, and to elevate it into an important specialty. I was very much pleased the other day in receiving from the secretary of the educational department of the American Social Science Association a series of questions bearing on the physical and mental development of the child. I am gratified to know that the physicians of the present era are paying more attention to this matter. It is the duty of the medical and surgical professions to persevere in the good work. If this reform is continued, the number of deaths among the little ones will be reduced to a great extent. One of the first

steps to be taken is an improvement of the sanitary condition of our great and populous cities. There should be especial attention paid to the diet furnished for children."

DR. W. P. ARMSTRONG, of Lafayette, Ind., acted as secretary *pro tem*.

After the reading of the minutes of the last meeting, a draft of a constitution and by-laws was presented. The by-laws provide that the meetings of the society shall hereafter be held annually during the meetings of the American Institute; that applications for membership must be approved by the board of censors, and confirmed by a regular vote of the society; and that each member shall pay one dollar per annum for the purpose of meeting expenses. The President read an interesting report of a case of *infantile eczema*, contributed by Dr. Cranch, of Erie, Pa.

DR. LILIENTHAL then read an able article entitled, "*Eczema Infantilis: Crusta Lactea*," in which he gave the etiology, pathology, and treatment of the disease under consideration.

DR. DESCHERE, of New York, followed by reading a paper giving the homœopathic treatment of the disease.

PROFESSOR WILLIAM OWENS, of Cincinnati, now opened the discussion, which was also participated in by Drs. Foote, of Stamford, Jones, of Taunton, Chamberlain, of Worcester, P. P. Wells, Wilder and others.

*Afternoon session.*—Remarks were made by Drs. Dayfoot, Armstrong, Duncan, Blodget, and others upon the same subject. Believing that there was yet much to be learned on the subject, Dr. Owens moved that it be continued to next year. Adopted.

DR. ARMSTRONG now opened the discussion on infantile tonsillitis, stating in the course of his remarks that he treated nearly all acute cases with *Mercurius biniod.*, and with uniform success, the only exceptions to this treatment being those in which some other remedy was very strongly indicated. Chronic cases required usually, *Baryta carb.*, *Calcarea carb.*, or *Calcarea iod.*

The subject was ably discussed by Drs. Lilienthal, Dayfoot, Barrett, of Richmond, A. K. Hills, and others. Dr. Carleton, of New York, had had uniformly good results during the last two years, from *Guaiaecum*.

DR. DUNCAN then opened the discussion on chronic gastro-enteritis. He gave clearly and forcibly the differential diagnosis between this disease and gastritis, acute and chronic, gastric catarrh, acute and chronic, enteritis, acute and chronic,

entero-colitis, acute and chronic, and acute gastro-enteritis. He then cited cases which simulated repeated attacks of cholera infantum, but which he could class under no other head than chronic gastro-enteritis. He advocated putting those affected with this disease on the simplest and most infantile form of food. The treatment was then ably discussed by Drs. Hills, Barrett, of Richmond, Lilienthal, Jones, of Taunton, Owens, Dayfoot, and West.

DR. LILIENTHAL next opened the discussion on the cephalic symptoms in capillary bronchitis. He claimed that these symptoms were necessarily present in consequence of the stasis of venous blood in the brain.

The following officers were then elected for the ensuing year :

President, Dr. S. Lilienthal, of New York ; Vice-President, Dr. W. B. Chamberlain, of Worcester, Mass. ; Secretary and Treasurer, Dr. W. P. Armstrong, of Lafayette, Ind. ; Censors, Drs. George F. Foote, T. C. Duncan, E. U. Jones, M. Deschere, and D. Foss.

The following physicians were elected to membership :

A. A. Camp, E. Hasbrouck, W. B. Chamberlain, A. C. Cowperthwaite, W. P. Armstrong, B. M. Richardson, Herbert M. Dayfoot, and J. M. Barton.

Among those present during the day, were Doctors William Owens, of Cincinnati, S. Lilienthal, of New York, Edwin N. Harpel, Canon City ; George F. Foote, Stamford ; T. C. Duncan, Chicago ; W. B. Chamberlain and J. M. Barton, Worcester, Mass. ; M. Deschere, New York, H. M. Dayfoot, Mt. Morris, N. Y. ; E. U. Jones, Taunton, Mass. ; B. M. Richardson, St. Clair Smith, A. B. Norton, S. H. Vehslage, G. F. Oertel, Cordelia Williams, Mary H. Everett, L. de V. Wilder, Amelia Wright, P. J. B. Wait, J. W. Dowling, H. C. Houghton, Edwin West.

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#### ANNUAL MEETING OF THE INDIANA INSTITUTE OF HOMŒOPATHY—BRIEF ABSTRACT OF THE PROCEEDINGS.

REPORTED BY B. F. FRENCH, M.D., SECRETARY.

THE session was called to order, at 10 A.M., May 25th, by the President, O. S. RUNNELS, M.D., of Indianapolis, who made an address of welcome, stating that the prime object of the annual meetings is to compare notes and acquire knowledge the better to treat disease.



Committees were appointed as follows: *On Credentials*, Dr. G. W. Bowen, of Fort Wayne, and Dr. T. C. Hunter, of Wabash. *On Publication*, Drs. B. F. French and A. J. Compton, Indianapolis.

The Secretary, B. F. FRENCH, read the minutes of the previous meeting, which were adopted as read.

The President read his annual address, entitled "Stimulants and Narcotics." (This address has been issued in pamphlet form.)

The credentials of Professor W. A. Phillips, of Cleveland Hospital College; Professor James A. Campbell, of the Missouri Homœopathic College of St. Louis, and Dr. H. E. Beebe, Secretary of the Ohio Homœopathic Society, were received.

DR. PHILLIPS, being called upon, spoke concerning the college represented by him. He offered some suggestions concerning the reception of young men into physicians' offices as students of medicine, and thought the preceptor was largely responsible for the kind of matriculates who enter medical colleges. The Cleveland College had essayed to debar all from its classes who had not acquired a certain amount of literary training, but had failed. He hoped the time would soon come when none but persons having at least a good English education can become students of medicine.

DR. BEEBE reported the Ohio Homœopathic Society in a prosperous condition; that the annual meeting in Toledo of the 11th and 12th of May was an honor to the profession.

PROFESSOR PHILLIPS, of St. Louis, spoke of the fair fame of homœopathy in the State of Missouri, and of the success of the college he represents. He says that harmony prevails in the faculty, and that last year's results would compare favorably with those of any other college East or West.

The censors reported favorably on the applications for membership by Dr. W. R. Hildrup, of Windfall, and Dr. C. S. Canaday, of Dublin.

DR. WILLIAM OWENS, of Cincinnati, introduced the Bureau of Epidemics, with an informal talk on intermittent fever. Among other things, the doctor said: "The true philosophy of this disease is unknown to the profession. Malaria, the so-called cause, is a myth; the germ theory of disease has not been verified in this disease. Locality fails to solve the problem. The repetition of the rhythmical condition of the atmosphere during day and night corresponds closely to the same condition in the human organism. This may serve as a basis for determining the etiology of intermittent fever. Under

symptomatology," he said, "the attack begins in the night, when the system is relaxed. This answers to the return of cold after the day's heat has passed. This state of things continued may result in a typical case of ague. The pathology consists in venous contraction during the chill, with congestion of the arteries, and the reverse during the hot stage, and the establishment of an equilibrium during the third stage. The therapeutics of the disease is an open question. The indications are, to keep the capillaries filled. Quinine is a powerful irritant and a stimulant for a short period, therefore it removes the fever, but owing to its speedy elimination its good effects soon pass away." He doubts the expediency of thus using a drug the effect of which is so evanescent. Arsenic and Sulphur are deep-acting, and are better calculated to effect a cure. The gastric symptoms form an important factor in determining the drug.

DR. BOWEN, of Fort Wayne, thinks malarial fever has curative effects over incipient consumption, and that Indiana is favorable to persons thus afflicted.

DR. HUNTER, of Wabash, said that he is now treating some cases that give him more trouble than any cases he ever treated. Would like aid.

DR. C. S. FAHNESTOCK, of Laporte, recommended Lachesis.

DR. OWENS would have his patient put to bed during the paroxysm, and endeavor to correct the gastric symptoms. He never gives Quinine.

DR. McNEIL, of New Albany, doubted the rhythmical idea, and gave reasons for his doubts. Thus far four different remedies have cured for him. The *genius epidemicus* needs to be studied.

DR. SAMUEL A. JONES, of Ann Arbor, adheres to the totality of the symptoms; but says the capillary circulation must be sustained or the chills will recur.

DR. W. L. BREYFOGLE, of New Albany, said, we of the Mississippi Valley need every possible help in this disease. He, for one, is unable always to cure without Quinine. He fears the young practitioner may be misled by airy vaporings, and believes that often, when the potency fails, the patient buys his own Quinine. If a doctor have but few patients he may find time to search totalities and succeed in curing, but cases occur where no time is given for anything but action. What then? Shall we search for symptoms and let the patient die, or shall we at once give Quinine and save the life? He never prescribes Quinine but under protest, but he protests as

strongly against persons of very limited practice in any kind of disease having so much to say about unlimited experience and complete success with infinitesimals.

DR. F. L. DAVIS, of Evansville, gives Bisulphate of quinine to lower the temperature, and follows with other remedies to sustain the circulation.

DR. R. S. BRIGHAM is surprised that physicians decry Quinine so freely, and yet Hahnemann was led by it to the "law of cure." It was then homœopathic, and it remains so to-day.

DR. B. F. FRENCH, of Indianapolis, said that the discussion is eliciting more personal virus than suggestions for the cure of our patients speedily, harmlessly, and without pain. Acknowledgments are beneficial, but are they more than an acknowledgment of failure to get beyond the empiricism of the "regular" and the quack? He does not groan beneath the weight of an "immense practice," and yet he has given Quinine in but one instance, and that case is still uncured. He would thank any practitioner to aid him in curing the case without Quinine. The fact that Hahnemann was led to the law of cure by noticing its effects on intermittent fever lays no embargo on advancement. Every case cured without using it is a step in the right way. Quinine is an enemy to health. It begets a cachexia more distressing than half the diseases it cures. We have all the illumination necessary concerning this drug; we need more accurate knowledge of others.

DR. J. R. HAYNES, of Indianapolis, said he had not given a dose of crude Quinine in fifteen years. He has faith in the potency if indicated, and he believes that all the physician needs is a knowledge of the *materia medica*.

DR. BEEBE resides in Sidney, Ohio, where the people shake till they are exhausted; and, with his experience in the use of Quinine, he is surprised to hear its use condemned. It is homœopathic to the disease, and it cures.

DR. W. R. ELDER, of Terre Haute, said that intermittents are the same along the Wabash as elsewhere; that he doubts the efficacy of Quinine in congestive chills. The allopaths of Richmond, Virginia, in 1866, lost all their cases, and discontinued its use. He gives Belladonna in congestions without respect to location,—no liquor, no Quinine. He gives Belladonna confidently. If Quinine has been given, he antidotes with Ipecac.

DR. O. C. LINK, of Rensselaer, lives in the marshy valley of the Kankakee, where intermittent fever means all that its



name implies. He has practiced there three years and finds potencies sufficient—no Quinine in any form, Dr. E. M. Hale, notwithstanding. He has not had a congestive chill to contend with. He believes them to be caused by overdosing with Quinine. He would treat a congestion of that kind the same as any other. He sees no cause for an exception to the therapeutic principle. The law of cure is sufficient.

THE PRESIDENT, Dr. Runnels, thought the homœopathic physician had the right to use any remedy in any potency to save life and restore health. Experience in dosage is his guide. Let that decide and do not risk a life on experiment. Take the totality of the symptoms for the drug, and experience in dosage. He seldom uses Quinine, and has not seen a congestive chill in five years.

DR. G. W. BOWEN, of Fort Wayne, then read a paper entitled: "Variola, its Prevention and Cure."

DR. O. S. RUNNELS, of Indianapolis, said that the subject of vaccination is yet an open question. Does not the physician thus often cause a disease worse than the small-pox itself?

DR. F. Z. DAVIS would like to know the doctor's treatment.

DR. G. W. BOWEN responded that, many parents prefer to evade the law rather than expose their children to the danger of suspicious virus. For that reason he often vaccinates with Alcohol. Concerning the treatment he said that, if you prevent fermentation you stop decomposition. Arsenic has this power to a great degree. He found it specific given every two hours.

DR. PARTRIDGE, of South Bend, asked for a test of the quality of virus before its effects by vaccination.

DR. BOWEN explained at length the present source of virus. The last case of kine-pox occurred in France in 1866. This he ascertained from importers indirectly. Five per cent. of those vaccinated in England die from its effects.\* In Indiana, a large number already oppose vaccination. The tide of opinion may soon become too strong for the law that compels vaccination, and it will go down. He believes the sooner this takes place the better.

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\* We print this sentence as in the MS., but presume it to contain a clerical error. We, like our neighbor physicians, have vaccinated our thousands, using all varieties of virus, and have never seen a single case of serious illness resulting from it. In a twenty years' practice, we have had but one fatal case of variola in a vaccinated person.—GEN. ED.

DR. O. S. RUNNELS read a paper on the operation for "Lacerated Perinaeum," and DR. WILLIAM H. THOMAS one on "Hysteria."

DR. C. S. FAHNESTOCK, of Laporte, related a case from practice which seemed to be phantom tumors of the ovarian region. They were large and painful, and caused constipation. Under the influence of Chloroform they disappeared, and on exploring the rectum, feces were removed that apparently had passed from the sigmoid flexure during the inhalation.

DR. R. S. BRIGHAM, of New Albany, read an essay on "The Rationale of the Homœopathic Law," and DR. J. C. NOTTINGHAM presented a paper on "Natrium Muraticum."

*Evening Session.*—This session was devoted to the reading of two papers and the discussion on them.

PROFESSOR JAMES R. CAMPBELL, of St. Louis, read a paper entitled "Artificial Drumheads."

DR. WILLIAM A. PHILLIPS, of Cleveland, said his experience was the same as that of Dr. Campbell, that artificial drumheads are entirely unsatisfactory. They are too nearly worthless to be recommended.

DR. LYONS, Professor of Otology and Ophthalmology in the Central College of Indiana (allopathic), thanked the Institute for its consideration, and said it was difficult to give a complete statement of the facts concerning artificial drumheads in a few words. He concurred in the statement that they were not so good as represented. He thought a pledget of cotton saturated with equal parts of Glycerin and water better than the drumhead. It prevents air from causing inflammation and pus formation.

DR. O. S. RUNNELS said it is as much the duty of the physician to protect his patrons from fraud as it is to prescribe; and to do this it is necessary to be able to detect the fraud. This discussion is bringing out facts that every physician should know. He would be glad to hear something concerning the audiphone.

DR. CAMPBELL said that the audiphone and other funny things of that class are miserable failures except in a very few cases. If the nerve of hearing is intact, vibrations may be conveyed to the brain, and perception result; but the number of such cases is very limited. With respect to chronic suppuration of the middle ear, he said he uses astringents such as Arg. nit., Cuprum, Sulph., Boracic acid, etc., *ad infinitum*. He

obtains more benefit probably from the local use of Boracic acid than from any other remedy.

PROFESSOR WILLIAM A. PHILLIPS, of St. Louis, read a paper entitled, "The Philosophy and Physiology of Vision."

DR. SAMUEL A. JONES, of Ann Arbor, Michigan, concurred in the statement that it is difficult to succeed in getting students to study the eye. About 4000 students attend the different departments of the University of Michigan, and yet (said the doctor, with a wink) a very few study the eye. Why are children nowadays compelled to leave school so early? Why do their eyes become too weak for close application? The amount of work done is but a titling of that done by children of the past. A French or English boy often became an expert in Latin and Greek at ten years of age. Then the teacher wrought from morning till night; now not half the time is occupied by the session, and recesses, besides gymnastic exercises, are interspersed. If specialists would solve *this* problem they would confer a blessing on mankind.

PROFESSOR LYONS being called by Dr. M. T. Runnels, reported the result of a series of examinations made in our public schools, saying, that he was delighted with the advanced opinions offered by Professor Phillips concerning myopia. He called attention to the fact that continued tension by the ciliary muscle produces this state of things. It may also cause inflammation and consequent confusion of sight. The anomaly of refraction should be corrected. He has partially examined about fifteen hundred pupils, but is not prepared to report.

DR. BRANSTRUP, of Vincennes, made some humorous remarks illustrating the fact that truth may be found on both sides. He could see no cause why myopia exists so much more frequently now than formerly. Textbooks are better now, lessons are made easier, and yet there is more defective eyesight.

DR. C. S. FAHNESTOCK, of Laporte, said that, pupils in the Laporte schools ought not to become myopic, judging from the amount of deviltry generated there. He thinks nearsight must be hereditary. The hands and feet of children born to parents of the laboring class are large and brawny. The eyes naturally are affected in a like manner, and it must be remembered that the children of the educated are in school in greater proportion than children of the uneducated.

PROFESSOR CAMPBELL said now, as he said last year in this place: "Myopia is not a question of theory but a question of fact. In Germany  $\frac{9}{10}$  of the adults wear glasses; in



the backwoods of America no one needs them. Heredity doubtless has much to do with myopia."

DR. FRENCH, of Indianapolis, said that one feature of myopia has so far been untouched; that is, in respect to the age in which myopia is developed. Speaking from observation, he said that children of six or seven years of age seem most affected, their eyes become not only weak, but they are sorely troubled with a corroding blepharitis; these pupils become myopic; and a few years in school causes so much distress to the children themselves, and to the parents who sent them, that they quit school by common consent. Some, however, whose eyes are not so weak, drag along, resting through vacation, and now are in their classes. They are now myopic, and the refraction needs to be corrected by suitable glasses. He said further, that children would have better bodies and stronger eyes, if this everlasting rush for precocity could be discouraged till parents educate and train the body. "Mens sana in sano corpore," applies as closely now as it did in Roman days.

DR. M. T. RUNNELS, of Indianapolis, concurred with Dr. French regarding the useless rush that parents evince in respect to early mental training, and the neglect of physical development. He thinks the child should not enter school till he is ten years of age. Good food, pure air, and healthful surrounding he considers the ultimatum during childhood.

*Second Day.*—Dr. F. L. Davis, of Evansville, read a paper on "Clinical Medicine." The paper was referred to the Board of Publication. It was discussed freely by Dr. G. W. Bowen, of South Bend; followed by Drs. W. L. Breyfogle, of New Albany; W. F. Morgan, of Lafayette; S. W. Caldwell, of Pilot Grove; and T. C. Hunter, of Wabash.

DR. J. D. GEORGE, of Franklin, reported a surgical case from practice, and the following papers were read: "Fatal Poisoning by Santonin Lozenges," by Dr. W. R. Elder, of Terre Haute. "Our Public Schools: Are they Worth what they Cost?" by Dr. T. C. Hunter, of Wabash. "The Position of the Regular Practice," by W. L. Breyfogle, of New Albany. "Diagnosis of Trichinosis," by Dr. J. D. Grabill, of Union City. "The Influence of Climate on Disease," by Dr. W. T. Branstrup, of Vincennes. "Drugs *v.* Public Health," by Dr. M. T. Runnels, of Indianapolis.

Some of the above papers elicited sharp and lengthy discussion. The paper of Dr. Breyfogle met with special favor, and its publication was requested in the city papers.

The election of officers resulted as follows: President, C. S.

Fahnestock, Laporte; First Vice-President, B. F. French, Indianapolis; Second Vice-President, W. F. Branstrup, of Vincennes; Secretary, M. T. Runnels, Indianapolis; Treasurer, J. R. Haynes, Indianapolis; Censors, W. L. Breyfogle, of New Albany; W. R. Elder, of Terre Haute; C. S. Fahnestock, of Laporte; W. H. Thomas, of Elkhart; and C. T. Corliss, of Indianapolis.

Delegates to W. Academy of Homœopathy, Drs. W. R. Elder, J. D. George, and T. C. Hunter.

To the American Institute, Drs. J. M. Partridge, George W. Bowen, W. P. Armstrong, W. T. Branstrup, and J. R. Haynes.

To the Ohio State Society, Dr. J. D. Grabill.

To the Illinois State Society, Dr. H. L. Obetz.

To the Michigan State Society, Dr. O. C. Link.

Board of Publication, Drs. B. F. French and J. A. Compton.

Dr. J. M. PARTRIDGE, of South Bend, offered the following resolution:

WHEREAS, The Indiana Institute of Homœopathy makes the subject of Sanitary Science a prominent feature of its deliberation, and

WHEREAS, The Legislature of our State passed a bill authorizing the Governor to appoint a State Board of Health, consisting of four physicians, therefore,

*Resolved*, That this Institute respectfully requests of the Governor that he appoint two Homœopathic Physicians on the aforesaid Board of Health.

The resolution was adopted.

THE PRESIDENT made a farewell address, reciting the growth of the Institute from a handful of members to near a hundred. He has seen the standard of homœopathy rise gradually, and the cause grow in respect among the people of the State. The success of the Institute is no longer a subject of anxiety to its friends; and the future of homœopathy in the State of Indiana is assured. The work done in our Society outranks that of any medical association in the State. Instead of prosy dissertations on pathology, we have short and scientific essays on the cure of disease, so that our members go from our meetings like giants refreshed with new wine, like brothers aided by the strong arm of brother counsellors.

The Institute then adjourned.

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RAPID BREATHING AS AN ANÆSTHETIC IN LABOR, has been successfully used by Dr. Addinell Hewson, Sr., of Philadelphia. The rapid breathing is kept up five or ten minutes, the patient breathing as fast as possible.

## THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

LONDON, July 13th, 1881.

TO THE HAHNEMANNIAN MONTHLY: The International Homœopathic Convention opened its sessions yesterday. On the previous evening a formal reception was given to the delegates by the President, Dr. Richard Hughes, in the hall of the Dilettanti Society, where the Convention holds its daily meetings. The delegates appeared in full evening dress, and were entertained with music, a fine exhibition of microscopic specimens, and a handsome collation. The utmost cordiality was displayed in the hospitality of our English friends, and the warmth of the kindness and good feeling that was apparent on all sides, promises well for the future international reunions of our profession.

When the Convention assembled at half past two yesterday, the hall in which the meeting was held was completely filled, not a seat being left for stragglers. Dr. Hughes presided, and opened the meeting with a masterly address. Of course the largest number of delegates were English, but America was represented by the very respectable number of twenty-five. There were representatives also from France, Italy, Russia, and other European countries, but we were pained to note that Germany, the birthplace of Hahnemann, and the original home of homœopathy, was without a single delegate, and will be unrepresented in the transactions. The reports from the foreign delegates as to the progress of homœopathy in their respective countries, varied in their tenor, etc. Some were exceedingly encouraging.

On the Continent there is of course a strong governmental opposition, while in France the apparent dissensions in the ranks of the homœopathic physicians themselves has weakened their cause and retarded their progress. The example of France was indeed more than once held up before the meeting as a warning, and urgent appeals were made by more than one speaker for harmony and good feeling, as being the surest means of strengthening the cause of homœopathy, and spreading its influence. One speaker remarked that we must give up the practice of applying invidious terms of reproach to those of our fellows with whom we differ. There ought to be complete harmony and accord in the profession, with only that latitude of choice which is the right and due of every individual. This subject of individual liberty was one of the features of the President's address, and will be read by every one with



interest and profit. In speaking of the use of the *Materia Medica* of the old school by homœopathic physicians, he said it is the supreme duty of each one of us to do the best for our patients, and if we think that the use of ordinary medicines may avail, we claim to use them, not as a privilege, but as a right. But this right, he continued, is one which should be exercised with the utmost discretion. Every time we avail ourselves of it our practice loses its value as a witness to the method of Hahnemann. It is a practice that we should not advise to our younger and less experienced members, and even in our own case we should not allow our catholicity of interest in general medical literature to tempt us into any extreme laxity of practice.

In order that the profession may not misunderstand the views of Dr. Hughes, I make the following extract from his address :

“Homœopathy is a method ; and it is the method of Hahnemann. He is the acknowledged master of the school in which we are disciples and practitioners. We do not indeed bind ourselves to swear by his words ; nor do we accept as authoritative, his theories, or even his practical rules ; but, on the other hand, we do not listen to those who would have us cut ourselves adrift from him, so as to profess a homœopathy freed from the errors and fancies with which he has weighted it. This last we may do, but we may never be ashamed of him. There has been no medical reformer whose name can be mentioned in comparison with his. Traditional medicine has silently acknowledged the value of his work. It has abandoned the heroic treatment, and blundering polypharmacy which he led the way in denouncing ; it has largely adopted the practices which he sought to put in their place. The proving of medicines on the healthy, the single remedy, the fractional dose, are becoming as accepted in the old school as among ourselves ; and the law of similars is steadily winning recognition in the form of the opposite action of drugs and small quantities of drugs. At present this procedure exists with an attitude towards the man to whom they owe so much, which we can only forgive as ignorance. When they come to a better knowledge of their benefactor, his name will stand among the ‘heroes of the art of medicine’ side by side with those of Harvey and Sydenham, of Hunter and Jenner.

“This method of Hahnemann we have inherited from him. He was its discoverer, and he has bequeathed it to all who will open their eyes to see its truth and value. We who

practice homœopathically throughout the world are the present possessors of the treasure; and our ownership brings with it duties as well as advantages. These are expressed in the words of our programme; we have to propagate the method and to develop it.

“The work of propagating a new truth may be supposed to belong chiefly, if not entirely, to its public apologists—those who, by voice and pen, can expound it to the ignorant or vindicate it against attacks. It might be so with a doctrine; but it is far otherwise with an art. Here the best preaching is practice. The man who goes on steadily living by the law he acknowledges, who conducts thus a full practice with all its chances and hazards, and has at least as good results as his neighbors, and as firm a confidence on the part of his patients, such a man is bearing the strongest of testimonies to the method of his adoption. His colleagues must see that it is possible to practice medicine successfully without the nauseous, and often violent and poisonous measures they are in the habit of employing; and they will often hear of cases they had failed to benefit, going to him and getting cured. It is from facts like these that more of us have been led to inquire into homœopathy. The conviction of its reasonableness has encouraged us to go further; but our first advances have been prompted by its success, and this is a propaganda which is in the hands of every one. The opportunity of public utterance and the faculty for it belong to the few; but all in their successes may commend the method by their application of it to practice.

“But it is obvious that to reach this end, men must practice homœopathically indeed. If they are habitually resorting to measures of another kind, using the stimulants and sedatives, the purgatives, the caustics, and counter-irritants of ordinary medicine, their success, whatever it may be, makes nothing in the direction of our present outlook. But that they have perfect liberty so to do, if they think fit, I do not deny; on the contrary, I claim it for them. It is the supreme duty of us all to do what we judge best for our patients, irrespective of any creed or system; and to do this our hands must be free. We protest against the tyranny which ostracizes us because we believe this ‘test’ ordinarily to be homœopathy; and we will not be entangled again by any other yoke of bondage. No one may impugn our right of unfettered therapeutic choice,—neither our opponents, nor our stricter colleagues, nor our patients. Our only overt peculiarity is that we ally ourselves to

institutions known as 'homœopathic,' to societies, dispensaries, and such like, which exist because of the exclusion of the method of Hahnemann and its practitioners from general professional fellowship. We do not, by so acting, pledge ourselves to any exclusiveness in practice. We manfully recognize a truth which has laid hold of us, but which is at present denied and cast out. We in no way determine how far its practical consequences shall reach. What ground, then, have our enemies for charging us with inconsistency, with dishonesty, with trading in a name, if we use as freely as we think necessary, the resources of ordinary medicine? With what propriety can friends whose practice is more exclusive, reproach us with disloyalty for so doing? And as for our patients—they are as free to choose their doctor as he to select his remedies. They may come to him because he believes in homœopathy, but it is not their right, and indeed not their wisdom, to dictate to him how far his belief shall influence his remedial measures. If his treatment is not as purely homœopathic as they could wish, they have but to choose a practitioner more to their mind.

"This in vindication of our liberty. But, on the other hand, it is obvious that in proportion as we use it in the direction I have mentioned, our practice loses its value as a witness to the method of Hahnemann. It will at once, however wrongly, be supposed that we employ the latter only in trifling cases, and resort to the usual measures when we require to make a real impression. And further, let us remember the title of Dunham's memorable pleading for this needful liberty of ours. It was: 'Freedom of medical opinion and action a vital necessity, and a great responsibility.' We had best not claim it unless we are prepared to use it aright. Children are not the better for being free, and I would say the same thing for novices in the method of Hahnemann. Our wisdom is at first to practice it as exclusively as possible, with little exception, to let experience teach us where it needs supplementing by other measures, rather than to adopt them *a priori*. We shall actually do more good to our patients on the whole than if we began as eclectics, and we shall be acquiring habits of loyalty and precision which will stand in good stead in our practice according to the law."

In regard to the relations of homœopathy with the old school there were various opinions expressed in the Convention. There was a general feeling that the old school's rigorous practice had been greatly modified by the teachings of Hahnemann. Hahnemann, the President said, is the greatest reformer in



medicine the world has seen, not only in his teachings, but in the actual result of his teachings. He not only founded a new school, but he has changed the whole system of the old school. The time will some time come when his now unrecognized benefits to medicine will be acknowledged by all. In view of this future possibility, Dr. Hughes advocated the encouragement, if possible, of friendly relations with the old school, but deprecated any surrender of the principles which are peculiar to ourselves. The general applause which greeted this sentiment expressed emphatically the opinion of the Convention.

It is undoubtedly true that the relations between the two schools have changed vastly in the last few years, and this especially in England. Homœopathic physicians are no longer treated with derision and disrespect. Our system is no longer utterly slighted and our arguments passed by without a hearing. Homœopathic theories and practices, which have long been familiar to us, are even now heralded in England as new discoveries in therapeutics by eminent old-school writers. Dr. Dudgeon, of London, spoke with perfect truth when he said that the war with the old school had completely changed in its character. We no longer, as in the days of our youth, meet unmeaning attack with unmeaning reply, and when the attack is inconveniently delayed take the initiative ourselves. We no longer attack the old school through their pockets,—that is the public, their patients, for the public has forced them to modify their practice. We must meet them in a new warfare, the warfare of argument, and now that we have gained a hearing for ourselves we must make the best of our opportunities.

The President in opening the Convention announced it as “an assembly of medical men practicing homœopathically in all parts of the world, to communicate thought and experience, to cement friendly union, and to confer as to the best methods of propagating and developing the method of Hahnemann.”

The last clause was the special subject of yesterday's debate.

The President in his address suggested some methods of furthering the cause of homœopathy which it may be well to note. He first suggested that one common homœopathic pharmacopœia should be adopted by all countries. As it is now, nearly all countries has a different one, and even in the United States, with its 6000 physicians, there is great diversity among the different States. He strongly recommended that the British pharmacopœia should be adopted by all. Another suggestion was the publication of an international homœo-

pathic directory as a means of making practitioners in different countries familiar with each other and of encouraging individual intercourse, also the exchange of publications, transactions, journals, etc., so that each country should be informed of what was going on elsewhere. He also suggested the sending of delegates to attend local and national meetings and conventions in foreign countries, and above all he urged the continuance of these international conventions. It was indeed, he said, a matter of pride and a thing that spoke well of homœopathy, that so many men should, at great sacrifice to themselves and with no hope of compensation, assemble from all parts of the world to further the advancement of a principle which they deemed an advantage for mankind, to recognize as a truth.

These suggestions of the President seemed to be directed to the strengthening of our system within our own ranks more than to its extension in communities. This latter consideration was evidently felt to be an important one, and Dr. Talbot struck the keynote, which was taken up and repeated by more than one speaker after him, when he said that the true and proper means for homœopathy to make herself felt was through her institutions; that by using these as levers she might move the world. The debate on this point was excellent and interesting. It was the generally expressed opinion that our school should make itself necessary to the public, and that the best means to do this was to establish hospitals, dispensaries, and colleges. The duty was urged on each member of the Convention to interest himself and to secure the interest of his wealthy friends in the establishment of such institutions. It is in our colleges and hospitals, one delegate said, that our system is to be judged. It can never be properly and fully judged in the privacy of individual practice, but our institutions stand before the world as witnesses to our faith and creed, and it behooves us to make them as excellent as possible. Some of the vast tide of wealth that is flowing into the institutions of the old school must be turned to the support of our own, and this is especially necessary in the case of our colleges. Dr. Talbot spoke of the small school at Allentown, which was the pioneer of homœopathy in the New World and the foundation of the present Hahnemann College at Philadelphia. This school, small as it was, had sent out at least a half dozen men with power and ability enough to spread the principles of Hahnemann over the whole land, and, as a result, 6000 men have been educated for the profession since

1841 in the United States. In the matter of education the United States has a great advantage over England. We have no difficulty in procuring charters for our schools, and with them the right of conferring degrees. But in England it is different. Schools may be established, but no degrees can be conferred; graduates cannot practice without a degree, and the consequence is that there are no students to be had. Every physician who practices homœopathy in England must first have graduated in the old school of medicine. This, perhaps, may have its compensations, but they are obtained at too great a sacrifice.

The Convention will have done a great work if it shall succeed in arousing an interest everywhere in the establishment of homœopathic institutions. Of course the true way for homœopathy to succeed is to be successful, that is, to make great cures, but to have these cures known to the world, we must have some place to exhibit them, and for this there are no better places than public hospitals and dispensaries. Besides, in such institutions we are brought in contact with a public which is, perhaps, unwilling and antagonistic. Individual discretion is not the only thing which brings people to a hospital, and to cure an unwilling and distrustful subject under such circumstances will bring all the more credit and profit.

At the close of this debate Dr. McClelland made the appropriate announcement that the State of Pennsylvania had recently appropriated \$50,000 for the Homœopathic Hospital in Pittsburg. This sum, together with the \$50,000 already subscribed, forms a handsome nucleus for the erection of a building which will be a credit and pride to our profession.

I have thus summed up, in a brief way, the leading points of yesterday's debate. The meeting was so interesting in itself, and the matters discussed have such an important bearing on our cause, that I have thought best to send an account of it in a separate letter. There was, strictly speaking, but little business transacted yesterday. Dr. A. C. Pope, of London, was elected Vice-President, to fill the vacancy caused by the elevation of Dr. Hughes to the presidency, on the resignation of Dr. Hamilton. Four honorary vice-presidents were elected, viz., Dr. I. T. Talbot, of Boston, United States; Dr. Meyerhoffer, of Nice, France; Dr. Breyfogle, of Louisville, United States; and Dr. Drysdale, of Liverpool, England. I presented to the Convention the *Transactions* of the International Convention of 1876, and the gavel used by Dr. Carroll Dunham



on that occasion, together with a letter of presentation from Dr. R. J. McClatchey, of Philadelphia. These gifts were received with applause, and the suggestion I offered, that these, together with all other documents which should come into the possession of the Convention, should be preserved and handed down, was referred to a committee for action.

An invitation was received to the dinner of the Fishmonger's Guild, one of the oldest and most respected of the ancient London guilds. The hospitality of the Dilettante Society was also extended to the members of the Convention.

The Convention has also received invitations for entertainments and dinners for every evening during the week. On Thursday, Dr. Pope, President of the British Association, entertains the Convention by a society *soirée*. On Friday the British physicians and surgeons give a banquet to the foreign delegates, besides which special private dinners will be given by Drs. A. C. Pope, F. Black, R. E. Dudgeon, and J. Drysdale.

On the whole, the result of yesterday's work was exceedingly satisfactory, and if no contention takes place in the more technical discussions of the next few days, the success of the Convention is assured.

Fraternally yours,  
BUSHROD W. JAMES.

LONDON, July 15th, 1881.

IN my last letter I spoke something of the first day's proceedings of the Homœopathic Convention now in session here, and something of its composition. The *personnel* of the convention is too well known to your readers to require comment from me. The second day's session was, in many respects, an interesting and important one. Seven papers were presented to the Convention. They were not read by their authors, but abstracts of them were given by the President, from the chair, and this was followed by a discussion of their subject-matter by appointed speakers, and by voluntary speakers from the house. This plan has been found to work better than that pursued at ordinary conventions, where the reading of lengthy papers consumes the time of the meetings, and prevents proper discussion and debate. The subject of the day's debate was, "The Institutes of Homœopathy and Materia Medica," a delicate and dangerous subject, but one which was discussed with admirable candor and good nature, though not without a certain warmth, which the nature of the question, and the di-

vision of opinion in reference to it, rendered natural and almost justifiable.

The papers which introduced the debate, were as follows : "On the Scientific Application of the Principles of Homœopathy," by Dr. Hayle, of Rochdale; "Individualization and Generalization," by Dr. Hughes; "A New Similia," by Dr. Woodward, of Chicago; "The Alternation of Medicines," by Dr. Martiny, of Brussels; "Drug Attenuation—its Influences upon Drug Matter and Drug Power," by Dr. J. P. Dake, of Nashville; "A Plea for a Standard Limit of Attenuated Doses," by Dr. Wesselhœft, of Boston; "The Question of the Dose—Hahnemannism and Homœopathy," by Dr. Cretin, of Paris.

If these seven essays were published as a monograph, they would form, from their varied character, from the different points of view from which the subject is treated, and from the eminent abilities of their authors, a valuable, and in many ways complete treatise on this much-vexed question of our school. Dr. Hughes's essay is especially worthy of note, and is probably the most original and valuable paper that has yet been presented to the Convention. In it he insisted on the necessity of facts, and not theory or practice. Dealing with the discoveries of Hahnemann, he pointed out that the discovery of infinitesimal doses was a totally distinct one from the principle *similia similibus curantur*, regretting that some practitioners had out-hahnemanned Hahnemann. Arguing for a rational theory of medicinal action, he suggested that it consisted of a particular mode of motion, controlling and altering the mode of motion which is constantly going on in the different nerves. It did not alter the mode of nature which was going on, if healthy, but whatever was amiss, it could, by restoring to its natural action. With a view to the better study and observation of medicinal action, he was of the opinion that the *Materia Medica* required remodelling, and thought that an experimental committee should be appointed for that purpose.

Dr. Woodward, in his paper entitled the "New Similia," thought that the same drug, when taken in health in single doses, affected many persons in the same general manner, though special symptoms would vary. The true similia for selection of the remedy he held to be that the pathology of the disease should be aimed at, and the pathology of the drug action must be adapted thereto. In regard to the alternation of medicines, the hope and wish was expressed by nearly all the speakers that it might be possible to use only one remedy at a

time, but several acknowledged, and some fortified their acknowledgment with striking and forcible examples, that better effects were often attained from medicines by alternating them with others. One of the younger members of the Convention, Dr. Clark, brought forward, and elaborated an argument, which, I believe, owes its origin to Dr. Hughes, viz., that the administration of remedies ought not to be considered in any way as a scientific question. It was nothing more than an art. For certain symptoms, we find certain remedies efficacious. We accumulate the results of our experience, and that is all. All speculation and theorizing in a so-called scientific way, in regard to the administration of medicines, is useless, if not absolutely dangerous.

Towards the end of the meeting, the Convention warmed up to the discussion of the question of drug attenuation, and low and high dilutions. I do not intend to dwell on this vexed question. I will only say that the debate, in which the leading and more effective speakers were Drs. Dake, Helmuth, and Burnett, was earnest, though not excited. Of course, no definite decision could be reached. Each side had its say, and each side said it equally well. There was observable, however, a feeling pervading the majority of the Convention that the question was one in which the utmost diversity of opinion might exist, consistent, at the same time, with the greatest harmony among those holding divergent views. It was one of those questions which concerned the individual liberty of each practitioner, and was to be decided by him according to his conscience, and the circumstances of particular cases.

Thursday's and Friday's meetings differed from the meetings of the two previous days, in being devoted to subjects of a more specific nature. Thursday was devoted to yellow fever and hyperacute diseases, cancer, and diseases of women. The discussions were chiefly carried on by the specialists in these particular subjects. The papers were on "The Differential Diagnosis and Treatment of Yellow Fever," by Dr. Holcombe, of New Orleans; "Indian Dysentery and Cholera," by Dr. Carlen, of Sydney; "Cancer," by Dr. Guthridge, of London; and three papers on "Gynæcology," by Drs. Blake, Dyce Brown, and Carfræ, all of London.

The most interesting feature of the day was the report made by Dr. Dake, and supplemented by Dr. Breyfogle, on the success of homeopathic treatment in the last yellow fever epidemic in the Mississippi Valley. This of course, is well known to all American physicians, but it undoubtedly was a very pleas-



ing surprise to most of the foreign delegates, who heard of it for the first time. Dr. Holcombe's paper was confined almost entirely to the diagnosis of yellow fever, and only incidentally alluded, towards its close, to the therapeutics of the subject. The President remarked, as he finished the abstract of the paper, that it would have been desirable for Dr. Holcombe to have treated more at length on the remedies for yellow fever.

Dr. Dake in the course of his remarks explained that it is to Dr. Holcombe, more than to any other man, that we owe our knowledge of the therapeutics of yellow fever, and that it was undoubtedly purely from motives of modesty that he had refrained from laying stress on that part of his subject. During the discussion it appeared that in the epidemic of 1878, of the number of patients treated homœopathically, only between four and six per cent. of the total number died, while nearly twenty per cent. of the cases treated by the old school were lost. This success was proved by the most undoubted testimony. The reports made to the yellow fever commission contained the actual name of each patient, and the results stated were taken from these reports. Both the public and the old school acknowledged the great superiority of the homœopathic treatment, and it is undoubtedly true, that if another epidemic should break out in the Mississippi Valley, the homœopathic physicians would have their hands full.

Dr. Dake supplied information as to the therapeutics of yellow fever which had been omitted by Dr. Holcombe. He found that the treatment had been uniformly the same: Aconite and Belladonna, singly or in alternation, followed by Arsenicum. These remedies, he found, had also been taken up by the old school, and he mentioned that this very treatment was the one pursued by Dr. Charles Bellot, of Cuba, a physician of the old school, who had made yellow fever a specialty, and had constant cases of it in his daily practice.

The next discussion was on Dr. Gutteridge's paper on "Cancer." Dr. Gutteridge summed up the result of his experience and observations, by saying that he deemed cancer amenable to homœopathic remedies, and even went so far as to say that it might be taken from the list of incurable diseases.

Dr. Clifton has been pursuing a line of investigation similar to that of Dr. Gutteridge, but he did not go quite so far in his hopeful views as to cancer. He denied that cancer could be checked by remedies, but under constant care and observation, life might be prolonged and suffering alleviated. Dr. Clifton

said, with considerable humor, that I tell my patients who come to me with cancer: "I will not undertake to cure you, but with obedience from you, and constant watching from me I can help you, but if you leave me you are done for." Various remedies were suggested, chief among which was, of course, Hydrastis. Dr. Woodward, of Chicago, said that he found Nitric acid valuable in some cases.

The third topic of discussion was that introduced by three gynæcological papers. Dr. Eaton, and others, took part in it. It was of some interest, but we failed to obtain satisfactory notes upon the subject.

On Thursday evening, Dr. Pope, on behalf of the British Homœopathic Society, received the delegates at a *conversazione*, which was held in the handsome galleries of the Society of British Artists. A copy of the well-known bust of Hahnemann was placed in a conspicuous position in the principal room, on a raised platform, which was decorated with the star-spangled banner, and union jacks, in token of the two meetings of the Convention, the one in Philadelphia, in 1876, and the one now in session here. Dr. Pope and his wife received the delegates as they entered, and after the introductions were over, the guests were able to inspect at their leisure, the admirable collection of oil paintings which adorned the walls of the reception-room and the other apartments. During the course of the evening a selection of glees, songs, and instrumental pieces were given by some talented musicians. Refreshments were also served. This is only one more of the many occasions on which we have enjoyed the hospitality of our British friends. This evening we are to be entertained at a banquet extended to us by the British delegates of the Convention. Of this I will speak in my next letter.

BUSHROD W. JAMES.

LONDON, July 16, 1881.

The Convention adjourned this afternoon, to-day's meeting lasting only two hours, and being confined entirely to matters of business, of which I shall speak farther on. Yesterday's session was devoted to *surgery* and the aid it receives through *homœopathy*, to *iritis*, and to *ear diseases*. Dr. Bojanus, of Moscow, Russia, contributed a paper on the "Influence of Homœopathy on Operative Surgery;" Dr. Moore, a paper on "Surgical Therapeutics;" Dr. Vilas, of Chicago, one on the "Therapeutics of Iritis;" and Dr. Cooper, of London, gave some "Notes on Homœopathic Remedies in Aural Diseases."

The discussion on surgery was opened by Dr. Helmuth, of New York, who made one of his usual brilliant speeches. He called the attention of the Convention to the fact that homœopathy had effected wonderful results in lessening pain and bringing about speedy restorative action after severe and dangerous operations. In this it had been far more successful than the old school, and yet it was in this very field of surgery that the old school had won its greatest triumphs and to-day had its ablest men. And not only had homœopathy brought about speedy cures after the use of the knife, but in vast numbers of cases it had done away with the necessity for operations altogether. It was in this that homœopathy has contributed the greatest benefits to mankind. Dr. Helmuth was followed by Drs. McClelland and Talbot, and Dr. Denham, of Doncaster, England, and others. The subject of Iritis then came up. Dr. Vilas, in his paper, considered that attempts to cure by internal remedies alone are almost hopeless. He advocated the use of Atropia as a mechanical means of relieving the iris of undue contraction and of the pressure against the anterior capsule, but denied to it any curative quality. It was simply a means of gaining rest for the iris so that other remedies might take effect. He also advocated complete rest in bed and confinement in a darkened room. In my opinion, which I had an opportunity to express to the Convention upon opening the debate on the paper, the author insisted too strongly on this point. I held that a patient in such a condition needs first, air, light, and cheerful surroundings, and that the eye should be protected from the light by some other means. Dr. Vilas seemed to approve the use of cold water applications as in general use; and this I also criticised, and was supported in my criticism by Dr. Parke Lewis, of Buffalo. It has been my custom to have the eye bathed in warm water. Dr. Lewis also uses heat, but in the shape of small heated bags applied to the eye. I also suggested as remedies, which I have found useful, *Arg. nit.*, *Clematis*, and *Calendula*, not mentioned by Dr. Vilas. Dr. Parke Lewis also spoke on the subject of iritis. He has had considerable experience in eye and ear diseases, and the excellent use he has evidently made of his experience in his specialty gives promise of brilliant results in the future. The last subject of discussion for the day, and also the final technical debate of the Convention, was on Dr. Cooper's extremely able paper on "Homœopathic Remedies in Aural Diseases." This, he thought, was an obscure subject, and, indeed, until Dr. Cooper took hold of it,



and told the world something about it in the work he has recently published, little was known of it. The ear is not an attractive field. It is practically hidden from the sight, and the physician cannot observe the effect of his remedies as he can in the eye and other organs. Besides this there are few drugs in the *Materia Medica* whose action on the human ear is well understood, and he who is to improve our knowledge therein must work carefully and diligently. It is perhaps for this reason that, as Dr. Cooper observed, most men who begin their professional career as specialists for the eye and ear soon give up the ear entirely.

Dr. Dake, on behalf of the committee which had been appointed to draw up, in the form of resolutions, the suggestions made in the President's address, reported four resolutions, all of which were adopted. The first provided for the continuance of the International Conventions every five years; the second, for the appointment of a committee of skilled pharmacutists from each country represented in the Convention, to correspond and co-operate with the editor of the new edition of the *British Pharmacopœia*, to the end that it may provide some uniform method of preparing medicines in all countries. The third resolution provided for the election of a permanent secretary, who should take charge of the archives and moneys of the Convention, and attend to matters relating to its reconvening. The fourth resolution provided for the transmission of a copy of the *Transactions* to at least one public library in each country where homœopathy is practiced. These were simply adopted yesterday, but to-day certain legislation was passed to carry them into effect. After some debate it was determined that Brussels should be the place for holding the next Convention. Berlin and Boston were suggested, but it was thought that a city in Belgium, from its central situation and neutral political attitude, would be likely to tempt a larger number of delegates from the Continent than a city in America or England. The committee of pharmacutists, appointed to confer with the editor of the *British Pharmacopœia*, consisted among others of Dr. J. Wilkinson Clapp, of Boston, and Dr. L. Sherman, of Milwaukee, as the American representatives. The President of the Convention, Dr. Hughes, who has done so much to make the Convention a success, was elected permanent secretary. As to the fourth resolution, no libraries were selected to receive the *Transactions*, but these will be determined by the President, after consulting the representatives of the respective countries.

At the opening of to-day's session, the President reported that the number of delegates was about 130 in all. England had 78 representatives, the United States 31, and the rest were from the Continent and the English colonies. A handsomely bound printed address was received from the German Central Homœopathic Society, conveying greetings to the Convention. Numerous letters were received from individuals and societies in all parts of the world, wishing the Convention all success and prosperity. None of these were read in full except that of Dr. McClatchey, of Philadelphia, who was Secretary of the previous International Convention. These letters numbered about thirty in all, an abstract of their contents being given by the President. A cablegram had also been received from Dr. Small, of Chicago.

I leave to-night for the cooler regions of Norway and Sweden, and to get away from the unusual hot spell in which London is now being baked. I will return to London in about two weeks, and hope in my next to give you an account of the great Exhibition of Sanitary Improvements which opens to-day in South Kensington, together with an account of the differences I have observed between the sanitary arrangements of the hospitals of our own country and of those abroad.

BUSHROD W. JAMES.

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#### THE INTERNATIONAL'S MEETING.

EDITORS HAHNEMANNIAN MONTHLY: Will you give me a little space to correct one or two errors that you have fallen into under your "Editorial" heading, in your July number, respecting the International Hahnemannian Association. You very correctly state that, "the meetings were held somewhere about the hotel." They were so held, and on the main (office) floor, front room, at the right of the main entrance, on the side next the cigar stand. It was your misfortune, not your fault, that you did not learn exactly where, because you "asked several persons" about it. Hereafter please not plead ignorance as to where, exactly where, our meetings were held, for *that* is very important. The Association was *not* "wise enough to repudiate formally the publicly expressed design and object of one of its officers, *i. e.*, to effect a schism in the homœopathic profession," for the very good reason that it was not cognizant of any such fact, and its repudiation would therefore

have been a work of supererogation, however "wise" it might have been in your opinion.

Dr. C. Pearson, of Washington, D. C., did not "introduce a resolution declaring the purpose of the International Hahnemannian Association to retain no member found guilty of practicing or teaching the alternation of remedies," and consequently no such resolution "*was promptly negatived.*" I wish to inform you, and through you, your readers, that the International Hahnemannian Association is *not* a "square-rigged brig," nor yet a "*hermaphrodite-brig.*" She is a full ship-rigged steamer with all hands aboard and steam up. Her "wheel" is not in the hands of a "tired and dripping sailor," nor of any *one* sailor, but she is, like all vessels of her class, steered by steam, with a good and efficient apparatus for that purpose, and unlike some other vessels who may be, and probably are, "square-rigged brigs," she does not "yaw," nor "steer wildly," nor "swing around," nor "look her helmsman in the face." Our ship is true to her course as she is to her colors; she does not sail under one flag, and advance the interests of another in the carrying of "contraband goods," or "munitions of war" to the enemy's camp. I wish as much could be truthfully said of some of our professional ships, both as to *associations* and *medical journals.*

In conclusion let me remark, that the International Hahnemannian Association is well officered and well equipped, and, for a long and successful voyage, your prognostications to the contrary notwithstanding. With an accession to its membership of thirty-six (over a third as many as the American Institute of Homœopathy on the same occasion) good and *true* men, she—to continue your simile—will not be left "a dismantled hulk to drift helplessly at the mercy of the elements," nor will she betray the colors under which she sails.

T. F. POMEROY.

JERSEY CITY, July 18th, 1881.

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RELATION BETWEEN MUSCULAR ACTION AND CONSCIOUSNESS.—Mr. William Cycles, author of "An Inquiry into the Process of Human Experience," claims to have made a careful experimental study of various mental conditions, reverie, attention, etc., and has discovered, he says, that in order for the consciousness to be aroused by means of an impression made through an organ of special sense, the muscular machinery connected with that organ must first be thrown into operation. Thus, if *all* the muscular machinery of the eye be maintained in perfect repose, there may be visual impression, of course, but there is no consciousness of such impression.



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*Business Manager,*

BUSHROD W. JAMES, M.D.


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Vol. III.

Philadelphia, Pa., August, 1881.

No. 8.

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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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**Editorial.**

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THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—We believe in freedom of speech, and freedom of the press, just as much as in freedom of medical opinion and action, and *that* we are ready to contend for against *all* assailants, allopathic and homœopathic. Every question has two sides, each of which has its equal right to a hearing. It is on this principle of “fair play” that we gladly publish, *verbatim et literatim*, italics and all, the communication of our valued correspondent, Dr. T. F. Pomeroy, of Jersey City, in response to our editorial of last month, entitled “The International Hahnemannian Association.”

Through Dr. Pomeroy's letter we learn, with some regret, yet not with much surprise, that the Internationals did *not* “repudiate the expressed design and hope of one of its officers to effect a schism in the homœopathic ranks.” Indeed, the Association went so far *the other way*, as to continue that individual in his official position,—a somewhat significant circumstance. The explanation of this omission, as given by

our correspondent, is, that the Association "was not cognizant of any such fact" as the one under consideration; which is simply another way of saying that "the Association" does not read the homœopathic journals.

Our correspondent says that we were mistaken in reference to the "alternation resolution," said to have been offered by Dr. Pearson. If such be the case, we are ready to make due acknowledgment. But our information came by such a short, and direct, and reliable route from Dr. Pearson himself, that we do not think it wise to withdraw our statement until we learn whether Dr. Pomeroy may not himself be mistaken.

And now, while we are upon this subject, we have something more to say. We see no reason why the *HAHNEMANNIAN MONTHLY*, or any other progressive homœopathic journal, should not express itself with perfect freedom in reference to this association, or any other.

First of all, we hold it to be the sacred right of all physicians, Internationals included, to believe and practice according to the dictates of their own consciences, and to organize for the purpose of promulgating their opinions. In these respects the existence of the International Hahnemannian Association is nobody's business but its own. Secondly, the association has a right to assume any name or title it pleases, provided such name does not convey a wrong impression, and so work injury to somebody else. We call ourselves "homœopathsists" because we believe and practice the homœopathic law of cure. We may believe or disbelieve anything else under the sun, but, so long as we hold to this, we are homœopathsists whether we believe anything else that Hahnemann taught or not. By accepting some additional doctrines we may become more successful prescribers, but we cannot thereby become any more entitled to the name of homœopathsist. This proposition is so palpable as to need no argument. The term "Hahnemannian" means something more or something less than the term "homœopathsist." It means a believer in the teachings of Hahnemann; not some of them, but all of them. We may be Hahnemannians for one of two reasons—in one of two ways. *First*, we may examine all Hahnemann's teachings and become convinced that they are all true; but such a method implies that other homœopathsists have an equal right to examine and to *disbelieve*. This, however, the Internationals will not tolerate. Believe all the teachings of the *Organon*, say they, or you are non-homœopathic. (See their Milwaukee resolutions, adopted June, 1880.) *Secondly*, we may be

come Hahnemannians by being so impressed with the evidences of Hahnemann's wisdom, as to accept, without an examination, everything that he taught. In other words we may believe that Hahnemann was infallible. Hahnemannians, then, may be of two kinds,—those who believe that Hahnemann *could* not teach an error, and those who believe that he *did* not. The first involves a sublimity of folly to which but few if any fools have yet attained ; the second is not many removes lower. And this is why we, no matter what our belief might be, should object to such a title ; we should regard it as an insult to our intelligence. Men do not object to be called after the name of an INFALLIBLE Being, but they will not consent to an appellation that might imply their subjection to the dictum of any mere human teacher, however learned and wise. We are sure that many of our "Hahnemannians" have not looked at the matter in this light, else they would have hesitated long ere assuming a title so subversive of every claim to an independent, thoughtful, medical manhood.

So much for the organization ; so much for its title ; and now a word as to its acts and its methods.

Reiterating what we have already said—that men holding such responsibilities as ours must be accountable first of all to their own consciences—full liberty of thought and action in medical practice is precisely what Dunham declared it to be, "a vital necessity." Under this view, which is denied by nobody except Internationals and Allopaths, there are no such things as authorities in medicine, save in the breast of the individual prescriber, and in the demonstrated facts of nature ; and there are no authoritative interpreters of medical facts or theories. Thousands of men acknowledge and appreciate the *facts* observed and recorded by Hahnemann, but they accept the doctrine of similars, not because Hahnemann taught it, but because they, as intelligent reasoners, have themselves inferred the law from the facts. In this respect, men possessed of brains and consciences treat Hahnemann and his teachings precisely as they treat any other investigator and teacher. They prove all things and hold fast that which is good.

This is just what the Internationals do not want. They have decided that besides a belief in the law of similars, something else is necessary to constitute a physician a homeopathist, and they coolly insist that *their* decision shall be final, not only for themselves but for everybody else. In the resolutions under which their association was organized, they have declared that homeopathy consists, not in one principle, but in



five, "and these not singly but collectively (and they have not included the proving of drugs, either), and have declared their unwillingness to recognize as homœopathists those who differ with them. Now we do not care a fig whether these five doctrines are true or false; we do not care whether they are essential to a perfect homœopathy or not. Suppose the whole five are true; suppose they are all essential. We still have before us the disgraceful and disgusting fact that a mere handful of men, of no more than the average professional attainments and qualifications, and just as liable to error as anybody else, claim to dictate what the belief and practice of the whole homœopathic school shall be, and with the same arrogance and impudence with which the American Medical Association claims the right to dictate the opinions and practice of all schools. *This* is the head and front of their offending. If men must bow their necks, what difference does it make to their conscience or their manhood, whether they wear the yoke of the International Hahnemannian Association or that of the American Medical Association? However, they are not likely to submit to either. There are not many MEN in our profession, we take it, who will allow themselves to be led at a string's end, like little dogs, at the heels of any living master.

The methods of the Association, as shown in the resolutions already referred to, and in the papers read and addresses delivered before the Association, are such as to make more enemies than friends. They charge homœopathists with violating and repudiating the tenets of their own school of practice, yet make no attempt to shield the innocent by fixing the charge on the guilty; thus defaming the good name of hundreds, yea, thousands, of men as honest and skilful as themselves. They charge physicians (again without naming them) with endeavoring to unite the homœopathic with the allopathic school. They offer vague intimations that numbers of homœopathic physicians resort to various non-homœopathic measures upon needless and improper occasions, and try to brand it as a wickedness which they themselves, who are "not as other men," could never be guilty of. Here again, by failing to fix the charge upon the guilty, they deliberately slander the innocent. They boldly lay claim to a skill and success in practice, superior to that of other homœopathic physicians (see papers read at last meeting), a claim which, in all likelihood, is grossly untrue, but of whose truth or falsity they have no possible means of knowing. They decry the American Institute of Homœopathy, denounce its belief and its teachings, and im-

pugn the honesty of the great mass of its members, while, with unblushing effrontery, they follow its meetings from place to place, and use its strength and popularity to insure a respectable attendance at their own meetings. This is our indictment. Every count in it is susceptible of the strongest proof. The question of their medical belief and practice is not under discussion. We cannot discuss scientific questions with men whose strongest argument, like that of Frederick the Great, consists in collaring their antagonist and kicking his shins. We have used great plainness of speech, however. The occasion demands it. There is one bold usurper of medical men's rights and the people's medical liberties, already abroad in our land, and we cannot believe that either the profession or the people will ever be slavish enough to tolerate another.

We do not wish to be understood as meaning anything which we have not said. There are, we believe, very, very few practitioners of our art who are not ever reaching out for higher attainments in the practice of homœopathy. On the other hand, there are few who are not more or less tempted at times to forsake the straight and safe highway of similia, and follow some jack-o'-lantern into the mist-covered marshes of allopathy. We need some steady and trustworthy influence to encourage and direct us in the one, and to guard us against the ever-present tendency to the other. And while it does not follow that safety and success lie in the direction of "Hahnemannism," as it is termed, still, so long as the I. H. A. thinks they do, there is work for its members to do. But until they cease to impugn men's honesty, to denounce their opinions, to misrepresent their practice, and to decry their success,—above all, until they abandon, once and forever, all attempts to *dictate* the opinions and practice of the school, they will not succeed, even in a laudable undertaking, and they do not deserve to succeed.

Since the above was put in type, we have received information that the resolution offered by Dr. Pearson, as above alluded to, "related to a system of espionage on the part of the members of the I. H. A.," and that this feature of the proposition was objectionable to the Association.

SUCCESS.—It is a common observation that many scholarly physicians fail to make the practice of medicine lucrative, while others, much less cultured, are eminently successful.

Students are not always practical men. They are given to theorizing. They scorn and neglect what is termed tact. In

conversation, especially if the topic is commonplace, they are dull and uninteresting. Their habit of profound thought gives them an unsociable countenance, which, while it impresses one with respect, forbids familiarity. In the practice of homœopathy, however, there is one essential to success which education may improve, but cannot create. We refer to the faculty of observing genuine similarities.

Many practitioners of quite ordinary general information succeed in making excellent cures, greatly to the astonishment of their more learned colleagues.

The reason of this is that the former possess this happy faculty of discerning similarities between disease and drug. Question them concerning the nature and course of the disease and their imperfect information becomes apparent. But still, almost intuitively, they make accurate selections of remedies.

We are not advocating the practical superiority of such physicians, nor are we underrating education. Quite the contrary. We bring up this contrast to illustrate the eminent usefulness of this faculty of comparison, and, at the same time, to urge the necessity of its early training. For, if an illiterate man may succeed tolerably well, whom nature has thus gifted, how much more successful will he be when his talent is thoroughly cultivated? Even he whose mental powers are quite ordinary may have them developed by proper training.

And, further, the partially educated physician is apt to be narrow-minded and bigoted. His mental vision is so circumscribed that he can see but a small portion of the world about him, and when, therefore, a complicated case presents itself, one which requires skill in determining its obscure features, he is at a loss what to do. It is then that his learned colleague comes to his aid. The symptoms once discovered, his power of comparison leads him promptly to the *similimum*.

Teachers, then, should see to it that their respective branches are thoroughly and fully demonstrated practically. The teacher of *Materia Medica* should strive to present symptoms clearly and intelligently so that students may see them as so many mental pictures. And the latter, in studying the subject, will do well if they try to make mental applications of symptoms by imagining such cases as the drug under consideration would seem to fit.

Some such plan as this will give the fullest possible opportunities for the development and education of a faculty, without which success in homœopathy is impossible.



## Notes and Comments.

"OPINIONS AS IS OPINIONS."—Homœopathy is practically dead.—*New York Medical Record*. Political liberty is dead.—*Jefferson Davis*. Christianity is a delusion.—*Bob Ingersoll*. But we should prefer the opinions of those who have some practical acquaintance with the subjects. By the way, if homœopathy is already dead, why do its enemies try so hard to kill it?

THE cost of a medical education in England is estimated by Dr. William Bayes at about one thousand pounds sterling, or five thousand dollars—sufficient to prevent many men of pre-eminent qualifications from entering the profession. This money goes to build up the private fortunes of a few medical favorites and to support huge educational and hospital monopolies. *Vide Monthly Homœopathic Review*.

THE OLDEST MEDICAL GRADUATES in Philadelphia are Samuel Freedly, M.D., James Kitchen, M.D., and J. Townsend Sharpless, M.D. All of them graduated in the Medical Department of the University of Pennsylvania, the first named in 1821, the others in 1822. Drs. Freedly and Kitchen, we need hardly mention, are among our best-known and most highly esteemed homœopaths. We should not be surprised to learn that they are the oldest graduates practicing homœopathy in the world.

THE LOCALIZATION OF BULLETS and other metallic bodies imbedded in the tissues, by means of the induction-balance in combination with the telephone, is likely to open a new era in military surgery. If its success should be limited to the detection of the assassin's bullet in the person of President Garfield, the originator—though he be not a surgeon, will be entitled to a world's gratitude. Such, however, is not likely to be the case, and we shall presently have all our surgeons engaged in a search for old encysted bullets, bits of shell, rusty needles, and what not, which have long been a sort of thorn in the flesh of their unfortunate possessors. As almost every physician has one or more such cases in his practice, we shall expect to see our surgeons wax fat.

THE FINAL EXAMINATION.—*Scene*: The Professor's back office.

*Professor*.—"Now, Mr. Blizzardwill, what is a 'Code of Ethics'?"

*Student*.—"A set of rules designed to promote the reputation and advance the interests of the profession in general, and of myself, as the most important part of it, in particular."

*Professor*.—"How does it require us to treat homœopaths?"

*Student*.—"As shabbily as we dare, sir. Any other course is discreditable to us as representatives of the profession."

*Professor*.—"What course should we pursue if invited to a position on a board of health with a homœopathist?"

*Student*.—"Accept it at once, sir. The code, as we learn from the article on 'duties for the support of professional character,' is intended to 'maintain the dignity and honor and exalt the standing' of the profession. We can best do this by maintaining and exalting that of the individual member. If the code were allowed to stand in the way in such an alternative it would defeat its own objects. I hope I make myself understood, sir?"

*Professor*.—"Perfectly, sir. Is it proper, under any circumstances, to consult with a homœopath?"

*Student*.—"Certainly, sir, and for the reason just given. If the patient be some poor, unknown wretch, the code remains in full force. But if he be distinguished and wealthy, we should not hesitate to obtain all the honor

and emolument we can from it, being careful, however, to state publicly that there really are no homeopaths nowadays, and that men only pretend to be such in order to make money out of it."

*Professor.*—"I am glad to see that you read the journals. Your views of the subject do honor alike to your head and heart. And now one question more. If called to an emergency case, an accident for instance, what would you do on the arrival of the regular family attendant?"

*Student.*—"Snub him, of course; tell him the patient is too excited and prostrate to see him; if necessary, insult him; at any rate get him out of the house as soon as possible."

*Professor.*—"Would you adopt this course in all cases?"

*Student.*—"Oh, no! Only in cases of distinguished or wealthy patients, or, in the words of the code itself, in those cases in which my continued attendance on the case would 'maintain the dignity and honor, and exalt the standing of the profession,'—of the profession as represented in me. The code, sir—that is to say, my interpretation of the code—is very explicit on that point, sir!"

*Professor.*—"That will do, Mr. Blizzardwill. I see a future before you. You are destined to become notor—ah—that is, famous. Holding such exalted sentiments as you do, I shall expect to hear of your steal—eh, I should say—eh—attending the President some day. Good day, sir!"

*Exit student.*

## New Publications.

A CRITICAL EXAMINATION OF THE MATERIA MEDICA. By T. F. Allen, M.D.

We are in receipt of sixty-four pages of these studies, reprinted from the *North American Journal of Homeopathy*. They are an uncompromising criticism of the contents of the *Encyclopædia of Pure Materia Medica*. They represent a work of love and duty, for they are the chastisement, by an author, of his own book. They also represent a work of impartial judgment, since they give every proving its full value, estimated by comparison and by the accepted rules of our school. We advise our readers to profit by them.

F.

ANALYTICAL REPERTORY OF THE SYMPTOMS OF THE MIND. By C. Hering, M.D. Second Edition. American Homeopathic Publishing Society, Philadelphia, 1881.

Verily the MSS. of the late Dr. Hering have fallen into energetic hands. Drs. Raue, Knerr, and Mohr have prepared a second edition of Volume I of Hering's *Analytical Therapeutics*, and have issued Volume III of the *Guiding Symptoms*, which we hope to review soon. The book before us is an improvement over the first edition; for though much of it remains unaltered, there have been added, as an appendix, notes found in Dr. Hering's private copy of the first edition, and, above all, a large index.

We remember Dr. Hering's complaints at his own work. "I must," said he to us, "I must prepare a suitable index and send it to every purchaser, that he may be able to use the book." Cares multiplied, other work pressed hard, and finally death came to prevent the fruition of his desires.

But now it is accomplished by Dr. Levi Knerr. We count a double-columned index of ten pages, that of the first being but five.

As the editors very truly say, this "adds materially to the value of the book for the busy practitioner."

HEALTH PRIMERS—THE HEART AND ITS FUNCTION. Published by D. Appleton & Co., New York. 16mo., cloth. Price 40 cents.

This little primer contains much needed information. The physiology of the heart is clearly explained, and so illustrated that every layman may understand it. The chapter on "How to Maintain the Heart's Function," should be read by all business men whose daily life is severely taxing their heart's power. F.

## Gleanings.

ASPERGILLUS NIGER SIMULATING SENILE GANGRENE.—Thiersch reports to the German Surgical Society the following remarkable case of apparent gangrena senilis: An elderly gentleman had had the nail of the great toe extracted. While the wound was healing naturally, a black spot appeared on the plantar surface of the last phalanx, which, within five weeks, extended nearly all over this portion of the toe. The surface of the toe was wrinkled, and a line of demarcation appeared as a reddish-brown seam. Thiersch, who saw the patient at this time, did not doubt that this was a case of senile gangrene, notwithstanding the absence of the characteristic odor. The discoloration extended within the next week over a part of the first phalanx. Upon tearing off the supposed gangrenous portion, an apparently normal, though somewhat swollen and reddened toe was found underneath. A microscopic examination of this black crust showed that it was composed of the horny layer of epidermis and a coarse layer of fungus, with which the epidermis was intermingled. The black color was given by the external layer of fungus, which, by reflected light, appeared of a deep black, while by transmitted light it showed a dark olive-green hue. The deeper layers were of a lighter color. The fungus was recognized as *aspergillus niger*. It seemed to have been communicated by the dirty hands and instruments of the barber who had formerly attended to the toe-nails. — *Virchow und Hirsch, Jahrest.* xiv.

A SPECIES of infusoria, the *asthmatos ciliaris*, is found in the respiratory tract in a certain contagious variety of coryza, and is supposed to cause it. The inhalation of Carbolic acid, atomized solution of Benzoate of soda, nascent Chloride of ammonium, or the fumes of burning Sulphur, generally causes an immediate relief of the tickling, coughing, sneezing, and profuse expectoration, after which the asthmatos will be found dead in the excretions from the respiratory tract. It is most easily detected in the early sneezing stage, when the nose runs and the eyes water, being then located in the anterior nasal passages, on the conjunctiva, and the mucous membrane of the pharynx and larynx. Many of them may then be found in the glairy mucous secretion of the nostrils. The young individuals are round or globular, with cilia that seem to be withdrawn into the body at will. They generally vibrate to and fro in one direction, with rhythmical motions, causing the globular bodies to rock much like the toy Chinese mandarin images. Older individuals are egg-shaped, obovate, or mashed ovals. Generally they do not



rock, not because their cilia are not in motion, but because the cilia do not move together in one direction at the same time. Each of the many cilia in the old asthmatus seems to move independently of the others.

As the developed specimens have to do with genesis, so they vary in shape accordingly as they are engaged in the reproductive acts. These have been noticed as follows: 1. Fission. 2. Extrusion of the young from the parent body. 3. By a separation from the parent body, as if pulled apart by force; a long gubernaculum connecting the parent with the new individual. 4. Pullulation. 5. Development on one of the cilia. 6. Congress of the two individuals has repeatedly been noticed, but what influence this union has had on reproduction has not been traced. The asthmatus has the power of independent locomotion.—*Amer. Journ. Microscopy.*

INDICATIONS FOR THE USE OF CARLSBAD WATERS.—Dr. Theodor Kafka has sent us a brochure containing the sources, physiological action, and indications for the use of Carlsbad Waters. (Reprint tiré à part de la *Revue Homœop.*, Belg.)

From numerous observations he concludes that these springs are useful in quite a variety of diseases. He has employed Carlsbad in chronic catarrh of the stomach, gastric ulcer, flatulency, chronic constipation, etc., when there is also portal stasis, or abdominal plethora. Catarrhal icterus, as well as an excessive biliary secretion, yields to it.

The water not only facilitates the passage of small biliary calculi, but also prevents their formation.

Obesity diminishes rapidly under its use.

Equally efficacious is it in urinary calculi, when they consist principally of uric acid.

Other symptoms which it is capable of removing are vertigo, congestion to the head and chest, sleepiness, and, *per contra*, the sleepiness of hæmorrhoidal patients, provided, in each case, abdominal plethora is the apparently exciting cause.

Diabetes insipidus et mellitus have been greatly helped by this water.

Albuminuria yields to it only when caused by stagnation of blood in the kidneys, depending upon abdominal plethora.

As might be inferred from such clinical experience, rheumatism, and especially gout, find "a sovereign remedy in the waters of Carlsbad.

Contraindications are: pulmonary tuberculosis, suppurations, syphilitic and carcinomatous ulcers, marasmus, and all other maladies in which vitality is low and the blood poor; aneurisms, anchylosis, etc.

It is useless in secondary syphilis; nervous maladies, as hysteria, epilepsy, paralysis; cartilaginous and fibrosarcous indurations, abdominal tubercles, etc. [Compare *Allen*, vol. iii, pp. 1 to 17, and a very similar brochure by J. Kraus, M.D., consulting physician at Carlsbad.]

PATHOLOGY OF ALBUMINURIA.—Professor Charcot states that in albuminuria the albumen is eliminated from the blood by the glomerules of the kidney and not at all by the tubuli contorti.

He cites as proof of this fact the experiments of Nussbaum and Overbeck. Nussbaum injected a certain quantity of the white of egg into the general circulation of a frog, when it was found to pass into the urine just as in mammals. But if he tied the renal artery previous to the injection, no albumen would be eliminated.

If an intravenous injection of a solution of urea be made in this animal with the emulgent artery tied, this substance, together with a certain proportion of water, will be excreted by the tubuli.

The experiment of Overbeck consisted in the temporary ligation of the renal artery. When the ligature had been in place a few minutes it was removed, and the urinary secretion, at first suppressed, reappeared after the lapse of one-half to three-quarters of an hour after removal of the ligature.

It is possible, in the frog, to determine with precision the point where the secretion of albumen takes place, and to demonstrate that this secretion is effected in the glomerule without participation of the tubuli contorti, which, nevertheless, perform their usual function in eliminating urea, notwithstanding the ligation of the artery.

If the kidney of a dog or rabbit in whom the renal artery is ligated, be suddenly torn from the abdomen and thrown immediately into boiling water, it is evident that the albumen at that moment traversing the kidney undergoes sudden coagulation, and is fixed in the point where it is secreted, and, in fact, it is found that the capsule of the glomerule, which, under normal conditions, is applied closely to the Malpighian body or tuft, is in this case separated therefrom by an amorphous, transparent, granular mass, which distends the capsule. This substance presents all the characters of albumen in the coagulated state.

At the same time it is found, particularly when the ligature has been long maintained in place, that the epithelium of the glomerule has undergone all the modifications described by Langhaus, and which this author considers as characterizing acute inflammation (thickening in the vicinity of the nucleus of the protoplasm of the cell, which in this case becomes permanent and forms an elevation in the cavity of the glomerule). Without doubt, a certain quantity of this amorphous material is always met with in the tubuli, but as the epithelium here is intact, there is every reason to suppose that it is by the glomerule that the albumen is first filtrated, and that it subsequently passes into the tubuli.

Of course, it must be understood that counter experiments have been made, proving that in the normal state in men and animals, when there is no albuminuria, this coagulum is never found in the capsule.—*Med. and Surg. Reporter*.

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## News, Etc.

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SETTLEMENT, CLASS OF '81.—Albert D. Thomas, M.D., Shamokin, Pa.

REMOVAL.—Benjamin F. Bailey, M.D., class of '81, has removed from Springfield, Vt., and associated himself with F. F. Marsh, M.D., at Wareham, Mass.

A LIBEL PUNISHED.—A medical paper at Leipsic has been fined 100 marks and the cost of suit, brought by seventy-five homœopathic doctors, for publishing a lecture delivered before a Berlin medical society, in which homœopathy was denounced as quackery and swindling.

AN IMPORTANT PAPER ON EPILEPSY, is being prepared for presentation to the Homœopathic Medical Society of Pennsylvania, at its session in September next, by a committee appointed for that purpose by the Philadelphia County Society. Our readers one and all, are earnestly solicited to send to the committee an account of the *history and treatment* of any cases which they have relieved or cured; the same to be duly acknowledged and incorporated in the paper. Replies, to be useful to the committee should be sent in early. Address, E. A. Farrington, M.D., 1738 Green Street, or Charles Mohr, M.D., 555 North Sixteenth Street, Philadelphia—Committee.

HAHNEMANN COLLEGE OF PHILADELPHIA.—This college has made arrangements for the delivery of a course of special lectures during the approaching session, on Mental and Nervous Diseases, by Selden H. Talcott, M.D., Medical Superintendent of the State Homœopathic Asylum for the

Insane, at Middletown, New York. The astonishingly rapid advance in the knowledge of brain and nervous disorders has made their study in our colleges a matter of the first importance, and the friends of homœopathy and of the Philadelphia College are to be congratulated that so distinguished a neurologist as Dr. Talcott has consented to undertake the work of giving instruction in this department.

THE ENCYCLOPÆDIA BRITANNICA AND HOMŒOPATHY.—It will be remembered that at the recent session of the American Institute of Homœopathy, a committee, consisting of Drs. Charles Mohr, John C. Morgan, and Joseph C. Guernsey, was appointed to request Messrs. J. M. Stoddard & Co. to have the subject "Homœopathy" properly treated in the American reprint of the *Encyclopædia Britannica* or in the supplemental volume to be published by that firm. The committee has received a letter from Stoddard & Co., stating that while it is inexpedient to make any change in the text of the original edition of the work, the publishers will see that an article on "Homœopathy" is prepared for their supplemental volume and submitted to the committee for approval.

THE SEVENTEENTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA will be held in West Chester, Pa., on the 20th, 21st, and 22d of September next.

Arrangements have been made with the Misses Kenny, proprietors of the Turk's Head Hotel, to accommodate the members and their friends. The meetings will be held in the hotel parlors.

The railroad accommodations are good. Trains leave from the New York depot, Thirty-second and Market streets, West Philadelphia, for West Chester at almost every hour of the day, or from West Chester and Philadelphia depot at Thirty-first and Chestnut streets. Passengers from the West via Pennsylvania Railroad, can change cars at Frazer station.

The members of the society are urged to attend, to come prepared with papers and to take part in the discussions. One more day has been added to the time of meeting, so that ample time can be given to reading and discussing papers.

The chairmen of the various bureaus are earnestly requested to make efforts to have full reports from the members of their bureaus, so that each department may be well represented. Members who cannot attend the meeting are requested to forward their papers to the chairman of the bureau to which their subject will be assigned, or to the secretary.

The chairmen of the bureaus are as follows: Materia Medica, Dr. C. Mohr, Philadelphia; Clinical Medicine, Dr. W. J. Martin, Pittsburg; Surgery, Dr. C. M. Thomas, Philadelphia; Obstetrics, Dr. C. T. Canfield, Titusville; Ophthalmology and Otology, Dr. W. H. Bigler, Philadelphia; Gynecology, Dr. J. C. Burgher, Pittsburg; Sanitary Science, Dr. Pemberton Dudley, Philadelphia.

A cordial invitation is extended to all the physicians in the State to be present at the meetings.

R. E. CARUTHERS, M.D.,  
Corresponding Secretary.

ALLEGHENY CITY, PA.

THE COMMITTEE ON LEGISLATION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY has issued the following:

1706 GREEN STREET, PHILADELPHIA, June 25th, 1881.

DEAR DOCTOR: At the late meeting of the American Institute of Homœopathy at Brighton Beach, N. Y., the following members were appointed as the Committee on Legislation. This committee at once held a meeting for consultation, and agreed on the programme of their work for the ensuing



year. They believe it to be an exceedingly important matter that their report be a full one, and trust that all members of the Institute, as well as of local and State societies, and the profession at large, will contribute all the information, aid, and co-operation in their power as to any division of the same, and at *as early a moment as possible*. The facts to be obtained should be in possession of the committee soon after New Year's Day, and its members, in accordance with the vote of the Institute, should make their final return or report to the chairman "two months prior to the meeting of the Institute" next summer—that is, by April 5th, 1882, *at farthest*.

I. The programme adopted requires under each head: 1st, a historical statement, in concise form, of past legislation on medical matters, both *favorable and unfavorable to homœopathy*; 2d, a similarly concise account of contemplated legislation, favorable and unfavorable; the steps to be taken in favor of our school and the prospects of success; 3d, suggestions as to ways and means whereby the American Institute may officially aid in the local and national struggles of our profession everywhere, *at home and abroad*.

11. The programme is as follows:

1. *National*.—A. Incorporation of the American Institute of Homœopathy, as to its feasibility, methods, duties incurred, and privileges secured.

B. Admission of Homœopaths to the Army and Navy Medical Corps.

C. Admission of Homœopaths to the Medical Civil Service, viz.: Boards of Health, Marine Hospitals, Pension Examinations.

2. *State*.—A. Boards of Health.

B. Port and Quarantine Physicians.

C. Hospitals, General and Insane.

D. National Guard and Militia, Surgeons-General, Brigade, Regimental, and other Surgeons.

E. Restraint of Allopathic Medical Societies from *libelling* or censuring their own members in *punishment* for professional association with Homœopaths.

F. Incorporation of Colleges, Societies, etc.

G. Money appropriations to Hospitals, Dispensaries, etc.

3. *Municipal*.—A. Physicians to the Poor.

B. Vaccine Physicians.

C. Hospitals.

D. Boards of Health.

E. Coroners and Coroners' Physicians.

F. Police-District Physicians.

4. *International*.—As to all the above points in foreign countries and any others peculiar to them, particularly as to the question of corporate or diplomatic aid or interference through the American Institute of Homœopathy (for instance, see *Transactions of the Session of 1881*; resolution proposing *a new order of membership*. HAHNEMANNIAN MONTHLY, July, 1881).

5. *Miscellaneous*.—Subjects not included in the above will be in order also.

The members of the committee will gladly receive communications on the above subjects from all quarters. Friends, be earnest and be prompt.

JOHN C. MORGAN, M.D., *Chairman*,  
1706 Green Street, Philadelphia.

A. I. SAWYER, M.D., Monroe, Mich.

A. E. SMALL, M.D., Chicago, Ill.

M. J. SAFFORD, M.D., Boston, Mass.

P. G. VALENTINE, M.D., St. Louis, Mo.

J. P. DAKE, M.D., Nashville, Tenn.

T. S. VERDI, M.D., Washington, D. C.

J. H. McCLELLAND, M.D., Pittsburg, Pa.

E. D. JONES, M.D., Albany, N. Y.

G. F. ROBERTS, M.D., Waterloo, Iowa.

To ———, M.D., Member of the Committee on Legislation, American Institute of Homœopathy.

MY DEAR DOCTOR: Herewith I transmit to you a statement of the work to be accomplished by our committee. By active and immediate effort on the part of each and all of us the whole can be reported on satisfactorily next year.

In order to do this, two things are needful in addition to such effort, viz.: 1st, division of labor; 2d, the enlistment of a sufficient number of *helpers* everywhere by *each member* of our committee, by personal appeal, and by notices in our journals.

I will, therefore, suggest that we settle the first point by the following assignments, premising that I have endeavored to make them in harmony with the *special experience* of each member, so far as known to me.

John C. Morgan, M.D., Army and Navy.

T. S. Verdi, M.D., J. P. Dake, M.D., and J. C. Morgan, M.D., National Civil Service, Incorporation of American Institute.

M. J. Safford, M.D., State and Municipal, New England.

E. D. Jones, M.D., T. S. Verdi, M.D., and J. H. McClelland, M.D., State and Municipal, in other Atlantic States.

A. E. Small, M.D., and A. I. Sawyer, M.D., State and Municipal, in Northwestern States, *i. e.*, north of Ohio River, and mainly east of the Mississippi River.

J. P. Dake, M.D., State and Municipal, States south of the Ohio River and east of the Mississippi River.

P. G. Valentine, M.D., State and Municipal, States and Territories mainly south of the Pacific Railroad and west of the Mississippi River.

G. F. Roberts, M.D., State and Municipal, in States and Territories mainly north of the Pacific Railroad and west of the Mississippi River.

International and Miscellaneous subjects, *the whole committee*.

In case any member of our committee shall desire a modification of these details, the chairman hopes that the suggestion will be made immediately; that real, active work may at once begin. The utility and value of our report will depend on our earnest and prompt efforts, maintained every day of the intervening year. By this means we may greatly advance our common cause. He also hopes that each member will keep him informed of progress made, of *helpers and correspondents secured*, etc., which information he will endeavor to distribute to all from time to time.

Very truly and fraternally yours, JOHN C. MORGAN, M.D.,  
Chairman.

Copies of the above circular may be obtained of the chairman, as above, who has also issued the following, to which we solicit the attention of all our readers.

COMMITTEE ON LEGISLATION, AMERICAN INSTITUTE OF HOMŒOPATHY,  
1706 GREEN STREET, PHILADELPHIA, June 25th, 1881.

DEAR DOCTOR: Allow me, through your journal, to ask the aid of every member of the homœopathic profession and friend of homœopathy everywhere, in obtaining information concerning the topics named in the circulars appended hereto.

Having personally assumed that of the *Army and Navy*, I wish to know: 1st. What homœopathic physicians have applied for admission to either, and the result, date, circumstances (*concisely*), rank, services, experiences, discharge.

2d. Suggestions from such and others for the future.

On each of the other topics correspondents will please address the various members of this committee in like manner. Credit will be given to all such.

JOHN C. MORGAN, M.D.,  
Chairman.

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green streets, Philadelphia.

Send all business communications direct to our office.

THE  
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STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

ANIMAL KINGDOM.

(Continued from page 328.)

COLEOPTERA.

OF the beetle-like insects, but few have been admitted into our Pharmacopœia. We have provings of *Cantharis*, *Doryphora decemlineata*, the Fire-fly (Dr. Jeanes), and the *Coccinella septempunctata*.

Many beetles feed on the excrementa of other insects, and also upon some plants. It would, therefore, be an interesting study to obtain the medicinal effects of such insects, and compare these effects with those of the insects and plants fed on.

Thus no less than fifty species of Coleoptera are known to infest the nests of *Formica rufa* and other ants. The *Lycoperdina* are found in the puff-ball, *Bovista*. The *Cantharides* feed on the leaves of the *Clematis crispa*, etc.

The most important of the Coleoptera is the Spanish fly, *CANTHARIS VESICATORIA*. This insect has long been known to the profession, both as a medicine and as an ingredient in many philter-powders.

There are several species of this fly, all of which blister. Among these are: *C. vittata*, potato fly; *C. cinerea*; *C. marginata*; *C. atrata*; *C. nuttalli*; *C. strigosa*; *Mylabris eichorii* et *Phalerata*, two insects imported from China.

The vesicatory properties of the Spanish fly are also shared by *Formica atherix maculatus*, *Mezereum*, *Juglans cinerea*, *Arum mac.*, *Ran. scel.*, *Urtica*, *Clematis crispa et vitalba*, Euphorbious plants, especially *Croton tig.*, *Thapsia garganica*, *Plantago alisina*, *Rhus*, *Oleum cajuputi*, etc.



CANTHARIS contains, as its active ingredient, a principle called Cantharidin. Its effects on the human system are quite easily comprehended; hence, as a drug, it is among the plainest studies in the *Materia Medica*.

When applied topically it quickly develops an inflammation which soon results in blistering. This removed, there may be observed a deposit of lymph, constituting a sort of false membrane. In some cases the blister dries rapidly without any plastic exudate; in others free suppuration ensues. The process has been known to extend even to diphtheritic, ulcerative, or gangrenous degeneration.

Among the characteristic peculiarities of the drug is its marked affinity for the urinary tract. Not unfrequently its topical application, quite distantly removed from the kidneys or bladder, is followed by an absorption of Cantharidin, with consequent renal symptoms, and notably, strangury.

In studying this unique remedy, we may readily follow its symptoms, if we keep in mind its evident effects. Highly irritant to all tissues, it creates extreme irritation and inflammation, with fever. The results of this violent action are suppuration, plastic exudation, gangrene, or delirium and convulsions. And, moreover, as a necessary sequel, we must add excessive prostration, even collapse.

The aphrodisiac properties of this drug are so uncertain that their validity has been questioned.

Experience has demonstrated that nearly always when CANTHARIS is indicated, cystic or renal symptoms are present.

The pains are violent, cutting, stitching, tearing, or burning, with anguish, tenesmus, and constriction of the sphincters.

#### SYMPTOMS.

##### NERVOUS SYSTEM, VITALITY, ETC.

Furious delirium—also, with sexual excitement, priapism—convulsions and priapism. Howls frightfully like the barking of a dog, and then is seized with spasms; eyes sparkling and rolling in their sockets; constriction of the throat, worse from even the sight of water; attacks renewed by pressure or touch. (See under Stomach.) Coma follows.

Restlessness, particularly when sitting or lying; must move constantly. Uneasiness with change of place.

Insolent, contradictory.

Anxious restlessness, ending in rage.

Face expressive of extreme suffering.

Face pale, suffering, deathlike during the pains; also, hypocratic.

Face glowing red, anxious.

Body feels raw and sore internally and externally; or, as if crushed to pieces, with great weakness.

Faintness; extreme sinking of strength.

Collapse, sunken features, distressed face, coldness; or, lies unconscious, arms stretched along the sides, sudden starts, with screaming and throwing about of the arms; results of intense inflammation, with suppuration, effusion, internal ulceration, or uræmia.

**Related Remedies.**—*CANTHARIS* may be required in meningitis, cerebral or cerebro-spinal; also, possibly, in hydrophobia, sexual mania, uræmic delirium, etc. In any case, however, we have a safe guide in the characteristic constriction of sphincters; furious excitement or, conversely, coma; sexual excitement and the well-marked facial expression.

Its value in effusions will appear as we go on.

Compare with: *BELLAD.*, *STRAMON.*, *HYOSC.*, *ARSENIC*, *Cannab. indica*, *CAMPH.*

The first three agree in furious delirium, constriction of the throat; the second and third have sexual excitement (*STRAM.* especially during delirium), though neither causes priapism. But these remedies lack the intense suffering look and anguish of *CANTHARIS*. Though *HYOSC.* and *STRAM.* cause great weakness, manifest between paroxysms, neither they nor *BELLAD.* induce collapse. The restlessness and distress belonging to these solanaceous plants arise from direct cerebral disturbance, while in *CANTH.* it is associated with or reflex from abdominal or genito-urinary affections.

Much more nearly related to *CANTHARIS* are *CAMPHOR* and *ARSENIC*. In all, the anxiety, restlessness and suffering face indicate severity of disease or sinking of vital forces. *ARSENIC* closely resembles *CANTH.* in violent inflammations, with intense burning, agony, thirst, subsequent collapse. The two may also meet in uræmia.

*ARSENIC* lacks the sexual erethism, and its delirium is associated with a tendency to self-mutilation,\* or to suicide. Fear of death. Restlessness alternating with stupor.

*CAMPH.* acts as an antidote to the Spanish fly, hence, probably, in an opposite direction. Both cause delirium, convulsions, sexual mania, priapism; strangury; internal burning, with external coldness; hyperæmia or inflammation of internal

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\* Confirmed in the Middletown Insane Asylum.

parts, as brain, stomach, bladder, etc. The coldness and sinking of vital forces in CAMPHOR are usually regarded as its most characteristic effect, the symptoms of excitement being reactionary. In CANTHARIS, on the contrary, the principal effects are those of excitement, coldness expressing the result of its continued or prolonged action.

Practically, we may decide for CAMPHOR when delirium, mania, or convulsions exist with coldness and extreme prostration; especially if caused by suppressed eruptions.

*Cannabis indica* compares in uræmia. But it is readily distinguished by its headache, as if the vertex was opening and closing, and by its peculiar mental state, extraordinary over-estimation of time and space.

In collapse with exudation, as in peritonitis and metritis, compare: ARSENIC, APIS, MERC. CORROS., *Terebinth.*, Bufo.

ARSENIC, as observed above, closely resembles the CANTHARIS in expression, alternate convulsion and coma, etc., but lacks the persistent urging to urinate, so essentially present when the latter remedy is needed.

*Apis* has a similar strangury, though less severe; and its pains are more stinging and lancinating. Serous effusion.

MERC. CORROS. has almost identical indications; as, burning, strangury, cutting-burning pains, exudation into the peritoneal cavity, coldness, suffering face, etc. But the Mercury tongue and sweat without relief, distinguish.

*Terebinthina* may be compared in metritis with strangury, much burning in the uterus, and excessive prostration. The urine is scanty and beclouded with blood. The tongue, however, is dry and smooth, and there is much tympany. So far as we know, the alternation of coma and spasm, in such cases, has been cured only with Ars. and Canth.

Bufo, however, deserves a passing notice. Some years ago, Dr. William Payne cured a case of peritonitis with this remedy, in which there were repeated convulsions, finally followed by stertor, unconsciousness, cold limbs, copious sweat, etc. (HAHNEMANNIAN MONTHLY, February, 1871.) Several years later, we successfully treated a woman with this drug, the indications being spasms, with suppurating blisters on the skin, in the throat, and in the vagina. The abdomen was exquisitely sensitive, feeling to her as though the same sort of sores were also in the bowels.

HEAD.—Confusion in the morning, with pulsating in the forehead. Vertigo, with attacks of unconsciousness. Pains



deep in the brain, with expression of anguish on the face. Heaviness, confusion. Pressure, especially as if everything was being pressed out the forehead. Stitches, tearing. Gnawing, as if in the bones. Burning in the sides of the head, ascending from the neck, with soreness and giddiness; worse in the morning and afternoon, standing or sitting; better walking or lying down. Semilateral right-sided headaches. Stitches, tearing deep in from left occiput towards forehead. Pains in the head, with spasms or coma.

**Related Remedies.**—*CANTHARIS* has frequently cured right-sided headaches. Poisoning with this drug induces hyperæmia and inflammation of the cerebrum, but especially of the cerebellum, which has been found covered with lymph. These phenomena, however, appear late, and may, therefore, serve as well in affections which secondarily involve the brain and spine.

The characteristic pains are heavy, pressive, with the congestion; tearing, stitching often deepseated, with stiff neck, and other symptoms of brain and spine, as well as with facial anguish; or convulsions, and, lastly, pains, with sexual erethism.

Compare: *Bellad.*, *Hyosc.*, *Stram.*, *Cann. ind.*, *Camph.*, *Bufo*. *Cannabis ind.* has marked cerebellar symptoms, such as throbbing, fulness, pressure preceding the convulsions, surging from posterior of head toward forehead; stunning pains, with vertigo, on rising. As these may be associated with renal symptoms, or with satyriasis, the remedy should be compared with *CANTH.* (See above.)

*Camphor* has marked occipital pulsation.

*Bufo* causes lancinating from interior of head to the eyes, loss of consciousness, convulsions, but sexual and urinary symptoms materially differ.

*Belladonna*, like *CANTHARIS*, is useful in hyperæmia and inflammations; both, too, cause pressure, heaviness, pushing out at the forehead, but the former has throbbing carotids, red face, rolling of the head. *CANTHARIS* more an expression of deep suffering, with pale, sallow, or sunken face.

**EYES, EARS, FACE.**—Dimness of vision. Dilated pupils. Eyes protrude. Gaze fixed, eyes flashing. Eyes sunken, surrounded with blue rings. Inflammation of the eyes. Glowing heat, as from coals. Eyes red, suffused with tears. Smarting in the eyes, as from salt. Tearing in the ears and mastoid. Nosebleed only in the morning. Erysipelas begins

on the nose, with burning and itching. Blisters form. Face swollen, puffy. Prosopalgia, terrible burning pains, twitching of the facial muscles; dilated pupils; frowning; face expressive of severe suffering.

**Related Remedies.**—Clinically, the Spanish fly has been successfully exhibited for inflamed eye from steam, or burns from other causes. In erysipelas it seems to act best when blisters form, or when the inflammation is intense, and there is accompanying strangury.

Compare with: ARSENIC, KREOSOTE, *Graph.*, RHUS TOX., *Apis*, *Bellad.*

The first two resemble Spanish fly in neuralgia, with burning; the last four, in erysipelas of the nose.

KREOSOTE, like CANTHARIS, causes tearing and burning; but, if urinary symptoms concur, there is more urging and haste, with profuse urine—symptoms which belong more to female genital affections than to idiopathic cystic disease. The pains affect more the teeth, too; teeth dark, decayed. The pains are worse from motion, and the patient is nervous and irritable.

RHUS has followed well after the Spanish fly in erysipelas. If there is any possible confusion with *Apis*, the less intensity of the pain and smallness of the blisters compared with the blebs of CANTHARIS will decide.

*Belladonna* compares here only in the severity of the symptoms. Blisters are not apt to form, nor is there the same co-existing strangury in the latter remedy. They follow each other well, however. In one instance *Bella.* promptly relieved when CANTHARIS helped but for a short time. In this case there were no blisters.

**MOUTH, THROAT, LARYNX, CHEST.**—Tearing in the teeth and gums. Gums red, swollen. Fistula dentalis following a red-pointed blister, with swelling of the upper lip. Tongue furred, red at the edges,—swollen and thickly coated,—excoriated and covered with blisters. Lining membrane of the mouth and throat red and covered with blisters, excoriated, with burning and smarting. Profuse salivation, margin of tongue and gums covered with aphthæ, teeth loose. Early in the morning a clot of blood comes into the mouth. (See Nose.) Tongue and lips denuded; dysentery. Throat inflamed, coated with plastic lymph. Tough mucus is drawn from the posterior nares. Burning from mouth to stomach; throat feels as if on fire. Burning in the throat, scraping sensation, brings

up blood, with hawking. Constriction and intense pain at the back of the throat. Aphthous ulcers at back part of fauces, and on right tonsil, covered with a white adherent crust. Swallowing very difficult. Burning thirst, but liquids are vomited, or cannot be swallowed. Even the sight of water chokes him and brings on strangury. Burning and constriction of pharynx and œsophagus, craves drinking. Burning in the larynx, especially when attempting to hawk up tough mucus. Voice hoarse, rough. Speech low, with sensation of weakness of the vocal organs. Cough, with frothy, bloody sputum. Sticking in the chest from one side to the other. Stitch from right axilla into the chest—from forepart of right chest downwards to lower ribs—from lower right towards middle of sternum. Burning in the chest, as from fire. Pressure on the sternum. Sense of weakness in the respiratory organs. Respiration difficult and oppressed. Præcordial anxiety. Palpitation. Pulse hard, full, accelerated, as times intermittent. Less frequently, weak, slow almost imperceptible. Pulsations through the trembling limbs.

**Related Remedies.**—CANTHARIS causes an intense inflammation of mucous membrane, with plastic exudation, extreme congestion, burning, blisters or ulceration; marked constriction of sphincters. The intensity of this process accounts for the syncope, weak voice, etc. The pains are a combination of stitching and sticking. As marked as are the symptoms just given, they are not always conclusive unless the inevitable urinary symptoms are present. These latter agreeing. CANTHARIS has cured aphthæ, diphtheria, pleurisy, pneumonia, etc. In diphtheria, it is suggested especially when the resulting debility is marked.

In pleurisy, the drug has won favor in the relief of effusion, especially when anxious dyspnœa, distressed face, threatening syncope, and moderate fever, are present.

In scarlatina it is used when there are hawking of tough mucus from throat and posterior nares, albuminuria, etc.

Compare: *Bellad.*, *Capsicum*, MERC. CORROS., *Arum tri.*, *Diffenbachia*, ARSENIC, *Apis*, *Cinnabar*.

While *Bellad.* has constriction of the throat, worse from swallowing liquids, and intense inflammation of the throat, it lacks the burning, vesication, etc., so characteristic of the Spanish fly.

Much more nearly related here, are MERC. CORROS., ARSENIC, *Arum tri.*, *Diffenbachia*, and *Capsicum*. The first is all but identical in symptoms; the distinctive mercurial symp-



toms, must decide; and, besides, MERC. CORROS. causes more swelling, especially of the tongue; ulcers, deep, seem to form rather than the extensive vesication of CANTHARIS.

*Arum triphyllum* is distinguished by the sore, cracked corners of mouth and tongue, excoriating coryza; acrid saliva. Diffenbachia has caused an intense stomatitis, with blisters and burning. It of course resembles the preceding.

*Capsicum* relieves burning vesicles; mouth and throat are swollen, dark, and burn as from pepper. There are small, flat ulcers, with constriction of the throat; feels worse *between* the acts of swallowing.

*Cinnabaris* is also used in scarlatina, but the mucus from the posterior nares is dirty yellow, ropy; and there is dryness of throat, which awakens him at night.

*Apis* bears some resemblance in erysipelatous state of mouth and throat, blisters, strangury; also in diphtheria. But the debility in the latter condition is early in *Apis*, while it is a sequel only, in CANTHARIS. The mucous membrane in the former is rosy, puffed, or, in bad cases, bluish. The inflammation is less violent.

In fistula dentalis, compare Fluoric acid.

In pleurisy, compare BRYONIA. Dr. Jousset claims that CANTHARIS is very useful here when the fever is not marked. If it only palliates, he at once resorts to BRYONIA. It is important to observe how similar the two are. Both cause stitches, dyspnoea, fever, and pressure on the sternum and heart (so characteristic of BRYONIA). CANTHARIS causes more syncope, weakness, sunken face. The expression of BRYONIA is merely that of oppressed breathing; so the patient wishes to be quiet, though at the same time he is irritable and anxious.

STOMACH, ABDOMEN.—Mouth dry.

Burning in mouth, pharynx, and stomach.

Nausea and vomiting. Vomiting of blood and frothy mucus; membrane-like shreds.

Acute pain in the region of the stomach and bladder; such exquisite sensibility that pressure produces convulsions.

Violent epigastric pains, causing agonized tossing. Inflammation of stomach, liver, and intestines, with erosions (see collapse under Nervous System).

Abdomen swollen, tympanitic and tender.

Incarceration of flatus under the short ribs.

Cutting, griping, burning, abdominal pains, wandering about; but worse in the lower abdomen.

Burning along the bowels to the anus.

With the stools, cutting in the abdomen; after stool burning like fire in the anus, shivering.

Very severe tenesmus, with cutting and tormina.

Stools of blood and mucus; of white tough mucus, like scrapings from the intestines, with streaks of blood; of pure blood; of red mucus, fecal masses. Cold hands and feet, small pulse; dysentery.

**Related Remedies.**—CANTHARIS inflames all of the abdominal viscera, though its most characteristic attack is on the lower bowels and rectum. The pains and stool are well defined. Urinary symptoms are usually present.

Compare: MERC. CORROS., CAPSIC., *Colchicum*, *Colocynth*, MERC. SOL., *Arsenic*, *Zincum sul.*, *Sulphur*, *Kali bich.*

Relatively these drugs stand as follows:

*Distended abdomen* (tympany), Canth., Colch., Merc. corros., Merc. sol., Coloc., and Sulph., each 3.

*Cutting pains*, with agony, Canth. 4; Coloc. 4; the others much less.

*Griping*, Coloc., 5; Merc. corros., Merc. sol., each 3.

*Tenesmus*, Canth. the least; Colch., Capsic., Merc. corros., Merc. sol., and Sulph., each 4; Coloc. 3.

*Burning* in the abdomen, *Arsenic* most.

*Burning* at the anus, *Arsenic*, Capsic., Merc. corros., and Sol., each 4; Sulph., Canth., Coloc. 3.

*Cantharis*, then is indicated by the locality of the pains, lower abdomen; cutting pains, worse from pressure; and by the stools.

The MERCURIES are indicated by their tenesmus and griping, especially by tenesmus continuing after stool.

COLOCYNTH has most griping; this is worst after the least food, and better from external pressure.

*Colchicum* has stools with shreddy pieces, and chilliness up the back; but this latter follows spasms of the sphincter ani.

CAPSICUM has thirst, and yet drinking excites the urging, and causes shuddering. There is coexisting tenesmus of the bladder; but not so marked as CANTHARIS, which even causes blood from anus and bladder. The distended abdomen in CAPSICUM, causes suffocative arrest of breathing.

*Sulphur* is best adapted to chronic or persistent cases; especially when the tenesmus continues from one evacuation to

another (like Nux); or when the blood and tenesmus have abated, but the stools are slimy, with frequent sudden urging.

*Zincum sul.* has several times cured subacute cases. The pains are referred to the sides of the abdomen, probably in the colon.

*Kali bich.* follows CANTHARIS when, though the scrapings continue, the discharges become more jelly-like.

Pain in the region of the stomach, worse from pressure, is found under CANTHARIS, ARSENIC, Cuprum, etc.

Only the first and last have pressure causing convulsions. Confirmed in the first, it is quite probably a genuine symptom also of Cuprum, and so should be remembered. Copper has relieved deathlike feeling behind the ensiform.

Camphor has in the provings, pains in the epigastrium, loins, and bowels, with strangury and vomiting. Burning. Suffocative dyspnœa, as if from pressure in the pit of the stomach. The latter is not a gastric symptom, but may be present in the general state, which would call for the remedy; gastric inflammation, great sinking of strength, icy coldness.

#### CASES FROM PRACTICE.

BY W. G. DIETZ, M.D., HAZELTON, PA.

A LADY, aged 53, suffered for years from uterine disease. Many of her reflex symptoms were cured. But one remained, obstinately defying treatment. It was a drawing sensation on the left side of the face, near the nose, as if something gluey had dried thereon. It was accompanied with a burning at the tip of the tongue. Consulting Allen's *Index* I found both symptoms under Natrum sulph. A reference to the text confirmed my choice, and the 6th potency cured.

W. B., æt. 16, came to be treated for asthma. He was worse during rainy weather, and in summer rather than in winter. Coughing spells during the attack, with a tough, copious mucous sputum, relieving somewhat. Sul. 6<sup>m</sup>, three doses, and Ipecac. for the paroxysms. He was relieved of the asthma, but the cough became severe, with purulent, ropy sputum. *Kali bich.*, 2<sup>x</sup> and 30, followed by great and lasting improvement.

Occasionally, however, he suffered from asthmatic attacks, with wheezing and muco-purulent sputum. *Lycopod.* 26<sup>m</sup>, was now substituted, which was followed with steady improvement and ultimate cure.

Miss B., æt. 36, suffered from intense tearing pains on the



top and left side of the head, extending to the eye and face of that side. Pains worse at night, compelling her to walk the floor, with some relief therefrom. Guaiacum 2<sup>x</sup> relieved promptly.

## THE SEASIDE RESORTS OF NEW JERSEY.

BY W. M'GEORGE, M.D., WOODBURY, N. J.

(Read before the New Jersey State Homœopathic Medical Society.)

NEW JERSEY holds a first rank among her sister States in the number and popularity of her watering-places. Dotted as her seacoast is with little villas and thriving towns and cities, it is no wonder that thousands from adjoining States and from the interior of our own State, migrate at certain seasons of the year to one or more of our beautiful watering-places for health, comfort, and relaxation from the active cares and duties of life. From Cape May to Long Branch may be found an unbroken series of places where the invalid as well as the busy citizen may repair, the one to regain health, the other to preserve it.

For convenience, we have written this article from both a sanitary and a social point of view. For in order to decide where to send our patients, it must be remembered that the conditions and social habits of the people living at watering-places, as well as those of our patients, must be considered. To recommend a man or woman of the world, fond of display and alive to the claims of fashion, to go to Ocean Grove to spend the season, would be as much out of place as to send a rigid, orthodox Covenanter or primitive Methodist to Long Branch. To recommend a German fond of his beer, or an American fond of his wine, to go and spend the summer at Asbury Park, would be as unwelcome as to send a teetotaler to Long Branch or Atlantic City. We must bear in mind, then, the tastes, customs, needs and habits of our patrons and friends, when deciding *where* to recommend them to go.

It is no less our duty to prescribe and advise a change of scene and air for those who are or have been invalids, than for those who, through overwork and unremitting toil, are threatened with sickness and prostration. Hahnemann lays down in the first section of his *Organon* this noble maxim: "The first and the sole duty of the physician is to restore health to the sick." At this day, however, he is considered the true physician who advises his friends and the public so to live as to avoid sickness and forewarns them of the danger from which to flee. In this article we will endeavor so to advise as to cover both propositions.

For some invalids the sea-coast may be positively injurious, and we know that for throat and pulmonary complaints the salt air is not the best air for the diseased lung to breathe. For many complaints, such as marasmus and debility in infants and young children, or "summer complaint" in its varied forms; for gastric, hepatic, and intestinal complaints, some forms of catarrh, brain troubles from overwork or too close mental application, or insanity from the same cause, or from too much exposure to the sun's rays, the sea air is decidedly beneficial. But no consumptive should be sent to the seashore. Bad results, and bad only, invariably follow such a procedure. These people, if sent anywhere from home, should be sent in the fall and winter to the South, and in the spring and summer to Colorado, or some cool, high and dry latitude, where the temperature does not vary too much. Another safe rule to follow, is to advise those living inland to go to the seaside, and those living near the sea to go to the inland and mountains for recreation and change. To those living in New York and vicinity or beyond it, Long Branch is the first objective point, and to the fashionable man and woman the trip need be extended no further. But to others, Deal, Asbury Park, Ocean Grove, Spring Lake, Sea Girt, Squan and other places, present greater attractions. To those living in Philadelphia or vicinity, Atlantic City is first thought of on account of its nearness to the first-named place; yet Cape May will not be overlooked by those who enjoy fine ocean bathing. Between these places are many little villas, each with its own local reputation, but for this article the larger places only will be considered.

Cape May possesses the finest beach for bathing purposes in the State, if not in the United States. For this reason it presents many attractions for the invalid, as well as the weary and exhausted man or woman. For the hearty, robust person it presents even greater attractions. What can be compared to the luxury of a bath in old ocean during the heat of summer? and nowhere can bathing be indulged in at all hours with as much safety and as little discomfort as at Cape May. Its location, just above the point of confluence of the Delaware Bay and Atlantic Ocean, affords a very fine view of the ocean and a large expanse of water. The company at Cape May is good, the cuisine at most of the hotels is capital, and some regard is paid by many of the visitors to the observance of the Sabbath. While not a temperance place, it is a temperate place, and some deference is shown to temperance sentiment, liquor being less freely and openly sold than at Long Branch

and Atlantic City. Complaints have been made that the air is heavier, and that there is more humidity in the atmosphere than at other places. Facts do not warrant this statement. From tables carefully prepared, the result of observations extending over a series of four years, General A. J. Myer, better known as "Old Probabilities," has shown that the range of temperature is 15 degrees less at Cape May than at Atlantic City, and 17 degrees less than in Philadelphia. The same tables also show that while, so far as humidity is concerned, Cape May was nine per cent. higher than Philadelphia, it was three per cent. lower than Atlantic City. And yet in spite of all these facts many physicians still continue to send their patients to Atlantic City in preference to Cape May, *because it is not so damp!* How careful we should be about the facts before hazarding our reputation in such matters. For myself, after visiting Long Branch, Asbury Park, Ocean Grove, Atlantic City, and other points, Cape May leads them all in real enjoyment and bodily comforts, and I know of no other seacoast resort that can compare with it.

Atlantic City, like Cape May, offers many inducements for the pleasure-seeker. Its comparatively short distance from Philadelphia, and the quick passage between the two cities, has been an important factor in increasing its population and wealth. It is a favorite resort for invalids, as well as for pleasure-seekers. It has a much larger resident population than Cape May or any of the fashionable watering-places on our coast. Its virtues have been highly extolled, and the statement has been made so often that it is not as damp as Cape May that thousands of people believe it to be true, and for this reason prefer this to other resorts. The bathing is fair here, but not as good as at the Cape, but the fishing is capital.

Brigantine Beach, a few miles distant from the mainland, has quite a reputation for pleasure-seekers. The bathing is much better than at Atlantic City, the sand is pleasanter to walk on, there are more shells to pick up, and in greater variety, and you can "go as you please" while there. For fishing, gunning, and aquatic sports of any kind, Brigantine Beach is in advance of its neighbors, on account of its freedom from fashionable display, and the ease and freedom observed by the guests. But while all that could be desired for those in search of sport, it is no place for the nervous, debilitated, consumptive, or bronchial patient. The air is too heavy, and consequently there is at times increased difficulty in breathing, and a ten-



dency to hæmorrhage. (Two cases of hæmorrhages in one party who staid there less than a week, one a man, taken soon after he arrived, and the other a woman, a few days afterwards, will confirm this statement.) Another disadvantage for invalids is its isolation, and the delay at times in getting to and from the mainland. In case of sudden sickness and adverse winds, or low tides, hours may elapse before medical assistance can be secured, or a telegram sent home for relatives and friends.

Barnegat Bay for sports and honest recreation has few superiors, but can hardly be considered a good place for invalids.

Seaside Park and Island Heights on Tom's River and Barnegat Bay are also pleasant places to visit. For families who desire pure air, freedom from restraint, good company, and the absence of intoxicating liquors, I would commend Island Heights. For a new place, I know of none possessing greater attractions, if boating, fishing, and quiet enjoyment are desired. The air is pure, cool, and bracing, and it is a capital place to send sick children and delicate people to.

Ocean Grove is a marvel! A barren waste a few years ago, covered with trees of stunted growth, an uninviting place to gaze at; now, through the energy of a few earnest men, if not made to blossom as the rose, it has certainly been converted into a popular village and a popular seaside resort, and the visitor soon learns to feel at home there. The walks and drives are well arranged; pleasant faces are met at every turn, and one sees very few dissipated-looking persons on its thoroughfares. The bathing is good at certain times in the day, and the boating on Wesley Lake is a charming and constant source of health and pleasure to young and old. And yet with all its sources of prosperity, and they are manifold, there is one serious drawback to Ocean Grove, which will grow as the place grows, and breed disease as the inhabitants increase, unless attended to soon. I refer to the drainage and sewage; it would be better to say the absence of drainage and sewage. The hog-pens and other nuisances outside its limits, but conveying all their filth into the streams that feed Wesley Lake, is a fertile source of trouble. This could easily be remedied, and at very little expense. The sinking of so many privy wells, in some cases almost side by side with water wells for drinking and cooking purposes, will soon pollute the bulk of the drinking-water; in fact, in places where the water used to be good, it is now pronounced "bad" and utterly unfit for use. Wesley Lake should also be kept more free from other sources of pollution. In rowing over it, as you approach the head of the

lake, and get into shallow water, the oars striking the bottom stir up the filth and emit a disagreeable and of course noxious odor.

Asbury Park, directly north from Ocean Grove, and only separated from it by Wesley Lake, is also a popular resort. Less restraint is placed on the pleasure-seeker, the facilities for drainage are better, and the driving is more enjoyable than at Ocean Grove. Above all, it is a veritable temperance stronghold, and James A. Bradley, the founder of the place, fights the monster of intemperance in all its varied forms, at all times and seasons. For this reason I can unhesitatingly recommend Asbury Park as a safe place to send those who, when away from home, need some restraint to keep them sober. Except during the periods of camp-meeting and conventions, there is more life and gayety at Asbury Park than at the Grove, and there is supposed to be a little more freedom for the pleasure-seeker. Either place is good enough to send an invalid to (with exceptions named above), and the inhabitants and visitors mingle at will between the two places.

Long Branch, the *ne plus ultra* of fashion, has very many advantages as a watering-place. It is high and above all danger from high tides and miasmatic influences. It has good water, its drives are excellent, its management by the municipal authorities is good, except in the unrestricted sale of intoxicating beverages. But the bathing is poor, compared with that of many other places on the coast, poorer even than at Asbury Park or Ocean Grove, and not to be compared with Cape May.

Deal, Spring Lake, Sea Girt, Squan, and other places, must be passed over, as this article is already too long. Each has its advantages and its disadvantages, and all are liberally patronized.

In conclusion, we should consider all the circumstances of the case, and send our patient to that place which seems best adapted to his individual case.

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## CANCER OF THE KIDNEY.

BY A. R. THOMAS, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

ON the 10th of April last, I was called by Dr. J. M. Reeves to see, in consultation with him, a child of 20 months, suffering from some obscure abdominal disease, attended with rapid

emaciation. I found the child pale, thin, and disinclined to make or tolerate any motion. Upon exposure, the abdomen was found much enlarged, as were also the superficial veins of this region on the *left side*. The left leg was much swollen from œdema, as was the scrotum on the same side. From the great tenderness of the abdomen, a careful physical examination could not be made. Slight palpation and percussion, however, revealed the presence of some solid body, but its nature or point of origin could not be determined.

Upon inquiry, it was found that up to about Christmas the child had been unusually fat and healthy. About that time, the nurse, with the child in her arms, fell down stairs, and soon after the child had a second fall down stairs. On neither of these occasions was the child supposed to have been much hurt. In a short time subsequent to these falls the child began to fail in health; its appetite became poor; diarrhœa and vomiting occasionally troubled it, and it lost its flesh rapidly. Some five or six weeks before death, the abdomen began to enlarge, this increasing rapidly, and being attended with evident pain upon all motion.

The diagnosis arrived at was a tumor of the abdomen, probably malignant in its character, and so situated as to obstruct the returning venous blood from the left leg, by pressure upon the iliac veins, and thus resulting in the enlargement of the abdominal veins of that side. The tenderness of the child's abdomen was too great to justify a sufficiently careful examination to enable us to determine the location or point of origin of this tumor, although it was inferred to have been located on the *left side*.

The prognosis in this case was necessarily without hope, and some ten days later the child died. Forty-eight hours later a post-mortem examination was made in the presence of Drs. J. M. Reeves, Percy O. B. Gause, and J. Gonzalez. The œdema of the left leg, as well as the enlargement of the abdominal veins, was now much less conspicuous than during life, while upon manipulation the tumor could be plainly felt on the *right* instead of the *left* side of the abdomen. Upon opening that cavity, a large tumor was found, apparently descending from the hepatic region, reaching to the iliac fossa below, and quite to the umbilicus to the left. The first glance gave the impression that it might be an enlarged liver, but inspection soon disclosed the cœcum and ascending colon in advance of the tumor, showing at once its renal origin. Firm



adhesions existed between the tumor and adjoining organs, requiring considerable force to remove it from its position.

In the left iliac region was found secondary cancerous deposits, extending beneath Poupart's ligament, and involving the inguinal glands. The small tumor exhibited, includes about one-half of that growth. Here was the source of pressure upon the deep veins, returning the blood from the left leg, and thus resulting in the swelling of the leg and enlargement of the superficial veins of the abdomen.

The tumor when removed weighed two pounds, the healthy kidney of a child of that age weighing scarcely two ounces. No trace of kidney structure could be found in the diseased mass; some portions were quite firm, and others soft and brain-like in consistency. Without the microscopic examination, it was plainly evident that this was a case of encephaloid or medullary cancer of the kidney.

Cancer of the kidney is a very rare disease, and one of which little has been known until within the last 50 years. Its infrequency is such that, according to Virchow, in all the deaths from carcinoma, canceroid, and sarcoma, in four years in the city of Wurtzburg, but one-half of one per cent was from cancer of the kidney; while of 889 deaths from cancer in Geneva during 13 years, there were but two cases of cancer of the kidney, less than one-fourth of one per cent.

Young children and the aged have been found most susceptible to this disease, the middle-aged being more exempt. Of sixty-one cases of cancer of the kidney collected by Ebstein, twenty occurred in children under 8 years of age, sixteen between the ages of 8 and 40, and twenty-two between 40 and 70. Of adults, males have been found more liable to the disease than females, in the ratio of about 3 to 1, while children of both sexes are about equally liable.

The disease may exist in two forms, primary and secondary. The cause of primary cancer of the kidney is not well understood. In quite a large number of cases reported, mechanical injury—as from falls, kicks, or blows—has appeared to be the most reasonable cause of the disease. Hereditary predisposition can scarcely be assigned as a cause, as in nearly every case reported, no record of family cancerous taint has been found.

Secondary cancer of the kidney, more frequent in its occurrence than the primary, may be the result of extension of the disease from other affected organs, as from the liver or intestines. Either kidney, or both, may be attacked by the sec-

ondary form, while the primary rarely attacks more than one kidney, and that much more frequently the right.

Encephaloid or medullary cancer is the usual form of the disease when primary in its character. Colloid and epithelial forms have occasionally been found, but scirrhus is extremely rare.

It is not yet settled as to within what tissue of the kidney cancer first develops; some claim that it springs from the connective tissue of the organ, others from the Malpighian bodies, and still others from the epithelial lining of the tubules. When fully developed—and it is rare that opportunities offer for examination at an earlier period of growth—the diseased structure may be found uniformly infiltrated through the entire organ, in which case the shape will be but little changed, or it may present a more or less nodulated character, destroying all resemblance to the normal kidney form. Blood is liable to become extravasated at various points, and sometimes in considerable quantities.

The density of the cancerous mass will be found to vary in different cases, or in different portions of the same case. While the brain-like consistency which has given name to this form of cancer predominates, some portions may be more dense, while others may have degenerated into a soft, semi-purulent condition. More or less firm adhesions to the adjoining organs will have formed, while the colon will always be found lifted from its position and resting on the front of the tumor. The size and weight of cancerous kidneys are subject to great variation. Some of the largest specimens have been found in children. In the latter they have averaged  $8\frac{1}{2}$  pounds in weight, ranging from  $1\frac{1}{2}$  pounds to 31 pounds. In adults the average weight has been  $9\frac{1}{2}$  pounds.

The symptoms of renal cancer are extremely variable. The secondary form is frequently attended with no symptoms, either subjective or objective, the first and only knowledge of the presence of the disease being learned at the post-mortem examination, death having resulted from some other cause. Pain, even in the primary form of the disease, is an uncertain symptom. Even in cases where the diseased mass has reached a large size, absence of all or any considerable amount of pain has been noticed. On the other hand, severe pain may appear early in the disease and continue to its close.

Hæmaturia is an important symptom present in about half the cases of renal cancer. It may be the first symptom noticed

in the history of the disease. The hæmorrhage may be slight or profuse, frequent or rare, or it may not appear at all.

The presence of a tumor in the renal region will be one of the most frequent attendants of this disease. Appearing first in the lumbar region, it rapidly extends upwards, forwards, and downwards, often filling a large portion of the abdomen upon the side in which the disease originated. Such tumors are nearly always firmly fixed in their position, and when of a size to reach upwards beneath the ribs, when first examined, as in the case reported, are not easily distinguished from tumors or enlargements of the liver.

The urine in cancer of the kidney presents no characteristic feature, apart from the presence of blood which sometimes appears. Pressure on large veins, obstructing the returning circulation, may result in œdema of the leg on the affected side.

The duration of the disease has been found to vary from ten weeks to one year, the average being seven months. With adults the average is two and a half years. Death usually results from gradual exhaustion.

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## POST-MORTEM EXAMINATIONS.

BY W. B. TRITES, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

NEGLECT of pathology is frequently charged against the school of medicine founded by Hahnemann. Over and over again have we been taunted for having failed to contribute a single fact to advance this science. The charge, as stated, is untrue, for while we do not give to pathology the first place in a physician's education, still we appreciate its usefulness and acknowledge its importance in the practice of medicine.

Believers in homœopathy are, in a sense, specialists in *materia medica*. With us the first questions must ever be: What are the symptoms? and what drug is similar to the disease? After these are answered, and often helping us to answer them, comes the study of pathology.

The charge that we have been receivers from, and not contributors to, the advancement of pathology, we must admit. But while admitting our leanness, we should remind our opponents, that their unfriendly hands have closed to us the doors of hospitals and asylums, and thus driven us into private practice, where the pursuit of such studies is exceedingly difficult. This deprives the taunt of much of its bitterness, but



the fact still remains, that homœopathy has done comparatively nothing in this important field.

The criticism of an enemy is of more value than the commendation of a friend, if it drives us to self-inspection and so to a better future. Have we done what we could with the meagre material afforded us? Have careful autopsies been made as frequently as possible, and have we studied diligently the results which they have furnished? These are questions for careful thought, and if the answers arrived at are unsatisfactory, let us accept the odium of the taunt and resolve to do better hereafter.

Hospitals and the accommodations they afford greatly lighten this kind of research, but they are not indispensable. We can work without them, therefore their want does not exonerate us from contributing our quota to this department of medicine.

I would suggest as a step toward more active work in pathology, the making of frequent autopsies by our members, and reporting the results to this society, through the Bureau of Anatomy, Physiology, and Pathology. This bureau can take charge of such specimens as may be contributed, and ultimately a large and useful pathological museum might be formed. If the bureau will elicit full histories of the specimens presented, determine accurately their character, and properly record the same, in a little while we could point to a mass of facts which would forever silence the taunting tongues of the other school of medicine.

Students should be thoroughly instructed in the performance of autopsies. The various operations required should be done before them on the cadaver. The able work on *Post-mortem Examinations*, by the chairman of our bureau, should be in the hands of every practitioner. In no other book can he find so much that he ought to know, nor find it so well arranged. Virchow's little work is useful, especially the cases reported, as they show how such examinations should be properly made.

In conclusion, I desire to report two cases, occurring recently in my practice. They exhibit the value of such examinations, showing how obscure cases may be cleared of doubt, and the physician's mind set at rest by the assurance that his patient's disorder was beyond mortal aid.

I. *Intestinal Constriction following General Peritonitis*.—On the 25th of April, I was called to attend B., aged ten years, with violent general peritonitis. She recovered slowly, an

obstinate constipation succeeding; this was followed by an exhausting diarrhœa, checked finally, about the 15th of June, by the use of *Calc. carb.*<sup>30</sup>, and frequent carriage rides. She regained flesh and strength so rapidly, that on the 4th of July she attended a picnic, walking a long distance to and from the grove.

On the morning of the 8th of July, while at stool, she was seized with violent pain, which she located in the abdomen just below the umbilicus. Various home remedies were used for her relief, but the pain continuing, I was sent for on the morning of the 9th. She was then suffering with the paroxysmal pains so common in cases of intestinal obstruction, and was vomiting every few minutes. The bowels were constipated, though constant urging to stool existed. The next day the vomiting became stercoraceous, but after ejecting fecal matter a few times it ceased entirely, and did not again return during the history of the case. About the time of this cessation, a profuse diarrhœa set in, and continued without intermission until her death, on the 18th day of July.

An autopsy was made two days after death. On opening the abdominal cavity, a mass of inflated intestine presented itself, resembling in size and general appearance the colon, which I supposed it to be. On every side, evidences of the old peritoneal inflammation existed, the intestines being so glued together by exuded lymph that time and patience were required to loosen the adhesions.

Commencing at the pylorus and following down the intestinal tube for a distance of two feet, the seat of constriction was discovered. A fibrous band, or loop, had formed, and through this, twenty-eight inches of the intestine had been pushed, and becoming constricted, lay inflated to the size of the colon before us when opening the abdominal cavity. The intestines were empty, both above and below the constricted portion.

This autopsy impressed two things upon my mind:

First. That the cessation of stercoraceous vomiting does not positively indicate that the obstruction to the lumen of the intestine has been removed. In this case it ceased, because there was no fecal matter to emit, the tube had been emptied of its contents as far as the constriction, but the constriction itself was as firm and unyielding as ever. Indeed, the occurrence of stercoraceous vomiting at all, in a constriction so near the duodenum, is directly opposed to the teachings of Leichtenstein, who says that stercoraceous vomiting only occurs,

when the constriction is either at the lowest part of the ileum, or in the colon.\*

The second fact to be learned from this autopsy is, that a long-continued fecal diarrhoea can exist with intestinal obstruction. Ordinarily, we associate constipation with obstructive diseases of the intestines, but this case proves conclusively, that profuse diarrhoea may exist, and yet the tube be constricted. It also confirms the view of the author before quoted, that if diarrhoea occurs, it will be in cases in which the constriction is high up in the small intestines.†

This case is reported, with the hope that it may aid some one to a more accurate prognosis in this very obscure class of disorders. Since modern surgery has so successfully invaded the peritoneal cavity, hope is now offered where before it did not exist, hence it becomes our duty to give every clue we may possess to guide the knife of the operator. My case, I think, teaches that the cessation of vomiting and the commencement of fecal diarrhoea are not infallible signs of the removal of intestinal obstruction. From this, it follows that such symptoms taken alone are not to deter the surgeon from operating.

From the experience afforded by a careful study of four recent cases of this painful trouble, I am led to believe that the passage of flatus by the rectum is the most reliable symptom of a pervious condition of the intestinal tube.

II. *An Obscure Disease of the Abdomen complicated with Persistent Jaundice.*—This autopsy was undertaken to determine the cause of an exceedingly deep and persistent jaundice complicating an obscure disease of the abdomen. The patient, a man sixty-five years old, had been sick for several months, his principal complaint being a violent pain in the region of the celiac plexus. About two months before death he became jaundiced, and this continued stubbornly until death. The patient became exceedingly emaciated during his illness, and had frequent attacks of vomiting and diarrhoea. At no time during life could a tumor be distinguished, although repeated examinations were made.

The autopsy was performed thirty-six hours after death. The body was greatly emaciated, and the skin of a deep yellow hue. The lungs were normal, the right side of the heart was hypertrophied, and the aortic valves calcified. The liver seemed slightly congested, and the gall-bladder, very greatly enlarged,

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\* Ziemssen's Cyclop., vol. vii, p. 495.

† Ibid., p. 497.



was a conspicuous object within the abdominal cavity. It measured five inches in length and easily an inch in diameter, and was filled with black, tarry-looking bile.

The cause of the jaundice was now evident, obstruction of the cystic duct, but the cause of this obstruction was still undetermined.

The stomach was empty; lifting it to one side the pancreas was brought into view. On examination it was found to be hard and nodulated. The *ductus communis choledochus* passed directly through the head of the pancreas, and was thus completely surrounded by the hardened tissue of that gland. Here we had a solution of the mystery. The cause of the persistent jaundice was revealed, obstruction of the common gall-duct by pressure from a hardened and, as I believe, scirrhus pancreas. Signs of inflammation were evident in the region of the duodenum. All the other viscera were perfectly healthy.

I believe this to have been a case of primary cancer of the pancreas. Only a belief, however, for primary cancer of this organ occurs so rarely, that it would require the confirmative evidence of a microscopical examination to make the belief a certainty. This was impossible, as the specimen was unfortunately destroyed.

Friedreich states that primary cancer of the pancreas is a relatively rare disease, but as a secondary or as a metastatic growth it is more frequently observed. He further states that when primary disease occurs, it appears in the form of a compact scirrhus.

Undoubted instances of primary cancer of this gland have been published by several Continental physicians, and a very interesting case of the kind has been recently reported by Dr. Satterthwaite, of New York.\*

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#### THE EFFICIENCY OF POTENTIZED DRUGS IN ABNORMAL OR DEFICIENT LABOR PAINS.

BY J. HOOPES, M.D.

(Read before the Hom. Med. Soc. of Chester, Delaware, and Montgomery Counties, Pa.)

THE chief dependence of the old school of medicine in abnormal or deficient labor pains, is Ergot in its various preparations; and some homœopathists are also in the habit of prescribing the same thing in tedious cases without regard to

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\* Med. Record, vol. xix, p. 275.

the symptoms present, forgetting that they hold a far more reliable and efficient means of producing normal contractions and effecting speedy delivery, in the use of our potentized drugs according to the law of similars.

When called to a case in which the pains or contractions are too weak or act in the wrong direction, and the case promises to be tedious, if, instead of giving full doses of fluid extract of Ergot, we should consider the case before us as an abnormal or pathological one (a normal case always having correct and sufficient contractions), and, just as we would in a case of typhoid fever or pneumonia collect the symptoms closely, refer to the *Materia Medica* and prescribe accordingly, we should be much more certain to attain the desired object in the shortest possible time.

After ten years' experience, and having tried both methods of pushing my cases when I was hurried, I am fully convinced that the administration of Ergot in its crude form and without regard to its homœopathicity, is not only unscientific, but most uncertain in its action. The action of this drug in producing uterine contractions, when not homœopathically indicated, has, with me, been the exception and not the rule. On the other hand, when I have considered my case as a pathological one, thoroughly examined my patient, obtained all the symptoms and prescribed accordingly, I have always been rewarded for my labor by a decided change in the character of the pains within five or ten minutes after the administration of the first dose of the appropriate remedy.

Experience has also taught me that the higher potencies act more promptly and decidedly in these cases than the low, for with the former I seldom need more than one dose, while with the latter I often have to repeat three or four times. The following cases will serve to illustrate my point :

CASE 1ST.—A lady in her fourth confinement was tossing about the bed in great agony, weeping, and declaring that she could endure the pains no longer ; had been in labor three or four hours. I made an examination and found labor not advancing ; the pains were in the back and hypogastrium. I gave *one dose* of Coff.<sup>2c</sup> dry on the tongue, and the next pain had lost its distressing severity, labor progressed without further complaint, and within a half hour she was delivered of a fine boy.

CASE 2D.—A lady in her third confinement. Found her suffering from terrible tearing, distressing pains in the back and hypogastrium, and so cross that I could scarcely get a

civil answer to my questions; I gave her one dose of Cham.<sup>2c</sup> dry on the tongue, and the pains changed at once, but became violently spasmodic, coming and going very suddenly, but the ill-humor disappeared; after a few pains of this kind I administered a single dose of Bell.<sup>2c</sup>; the next pain was normal, and in a very short time she was delivered.

CASE 3D.—Primipara; had been in labor eighteen hours, and I had administered several remedies without benefit, owing to failure in obtaining all her symptoms. The contractions in this case seemed to be entirely of the circular fibres of the uterus, the longitudinal fibres remaining inactive; the pains were severe but useless, and the patient being very much exhausted, the pains almost ceased. Finally she observed to me that every pain produced a great urging to stool and to urinate, whereupon I gave her Nux vom.<sup>6</sup> in water, a teaspoonful every ten minutes, and after the second dose, pains set in normally, though not strong enough until four or five doses were given, after which she was delivered in an hour.

CASE 4TH.—Lady in her fourth labor. I had been with her six hours, the pains being severe, regular, and felt in the hypogastrium and hips, extending down the thighs, and were so sharp that she could not help herself, though she was determined that I should not know how bad they were, until they became so severe she could hide them no more. Up to this time I had utterly failed in obtaining her symptoms, but she was now ready to let them be known, and begged me to use my instruments, which I refused to do, as the head had not yet engaged in the superior strait, telling her that now I had got her symptoms I would deliver her in a very short time without them. In addition to the symptoms above given, she had great nervous excitability, insisting that the pain in her hips would tear her to pieces and that she could bear them no longer, but there was no ill-humor. I gave a dose of Coff.<sup>3c</sup>, and the three following pains were normal and expulsive, but the fourth returned to the hips with the old distress. I repeated the Coff., and several normal pains followed, then they returned to the hips as before; but thinking that the Coff. she had taken would probably be sufficient, and that there would likely be but one or two abnormal pains, I waited; but they continued to grow worse in the hips and thighs until I gave another dose of Coff., when they immediately became normal and continued so until delivery, a short time after. In this case I feel satisfied that had I been able to obtain her correct symptoms, delivery might have occurred at least five hours



sooner, the os being fully dilated and the perinæum relaxed at that time.

CASE 5TH.—Multipara ; patient very nervous and hysterical ; pains commence in the hypogastrium and run upward and backward. A single dose of Gels.<sup>30</sup> corrected the pains, and labor proceeded normally.

Many more cases might be cited if necessary, but these are sufficient for our illustration. The greatest perplexity I have experienced in these cases has been the difficulty in obtaining symptoms, the patients failing to realize that a detail of their symptoms can be of any avail to them under the circumstances, having been so long taught by the old school that nothing could be done to relieve them and that they must bear it as best they can ; but, thanks to Homœopathy, *we* can mitigate their sufferings very materially by the application of our remedies according to the law of similars.

Do not understand me to say that high potencies only are applicable to these cases ; not by any means. I know that Ergot in tincture or fluid extract will answer in those cases where the symptoms correspond, and so will low attenuations or tinctures of any drug under the same circumstances ; but I am satisfied from my experience in the use of both classes of potencies, that the higher and highest attenuations will act more promptly and decidedly, and I think that any one who will try them carefully and impartially will be convinced.

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### INTERMITTENT FEVER.

BY E. M. HOWARD, M.D., CAMDEN, N. J.

(Read before the West Jersey Homœopathic Medical Society.)

HAVING had to treat quite a large number of cases of malarial fever recently, I desire to communicate my experience in these complaints. Starting out in my career as a physician with perfect confidence in our law of cure, I have at times had that confidence shaken by want of success in the treatment of this disease, and to retain my patients, like many another physician, have resorted to clumsy doses of Quinia. In a case to which grain doses of Quiniæ sulphas were thus given, there was such a perfect and complete cure that I have since been led to give these cases more thought and study than heretofore. The result of my reflections is that I must admit that the allopaths would make out a strong case against us if they should be able to prove that we do not cure this class of

cases with the aid of our law, and by our small doses of medicines. Here we have a disease that is not usually fatal, so typical in its course and distinctive in its symptoms that the allopath can reasonably say that if we cannot help this trouble with promptness, they may well doubt our ability to cure any trouble with our small doses. So fully have I become convinced of the force of these conclusions, that if there is nothing in our law, our symptomatology, or our small doses, that will reach this class of cases, I believe we must abandon the universality of the law—deny the utility of prescribing entirely by symptomatology, or give up our small dosage.

But this is not all I learned. I found that I knew very little indeed about our antiperiodic remedies. I had been studying in other directions, and I was surprised to find how little I really did know concerning the characteristic difference necessary for a close prescription. I got Korndorfer's translation of Bœnninghausen and Allen on *Intermittent Fever*, and soon was able to see why the Quinia acted so charmingly in the case alluded to above. It was a perfect China sulph. case. Cinchona would probably not have succeeded, nor any other remedy. With the aid of these helps and careful study, I have been uniformly successful so far this summer, and am now persuaded that, while there is probably no class of cases that requires so much study to select the right remedy, there is no class of cases that will so well repay the trouble, and I would be willing now to risk the demonstration of the three great truths of homœopathy, viz., the law of similars, the totality of symptoms, and the small dose, upon the treatment of intermittent fever.

I report below a few cases cured by remedies that are not so frequently indicated. Nux, Arsen., and Nat. mur. are the most frequently indicated remedies of late.

CASE I.—Adult, fifty years of age, probably contracted malaria at the seashore. Type, quotidian. Chill at 1 P.M. slight; only complained of feet being slightly cold. No thirst. Fever moderate, but long-lasting; great thirst; wants to lie quiet; sweat profuse, begins in palms of hands, then affects upper half of the body; is very sour-smelling. Tried a couple of prescriptions, with no effect. Then learned that at 4 P.M. and 4 A.M., regularly, was awakened by severe pain in the nape of the neck, which he attributed to a previous sunstroke. Lycopodium was given. This was on the fifth day. There was no return of chill or fever, but, curiously enough, the headache

was not cured, but came on irregularly, and required other remedies.

CASE II.—Laborer, twenty-five years of age. Cause of chill attributed to a thorough wetting on a rainy day. Type, tertian. Chill about 12 M., lasting half an hour; no thirst. Fever, but little thirst, much restlessness, severe headache lasting all day, shooting pains in limbs; sweat profuse. Rhus tox. was given, and only one slight chill followed. He had a similar attack three years before, which was treated allopathically for over a year before he got rid of it.

CASE 3.—Child of four years. Type, quotidian. Chill at 1 P.M., last twenty minutes; great thirst; vomiting of bilious matters at end of chill. Fever, right cheek deep red; patient lies very quiet; sweats very little. Eupat.<sup>200</sup> three doses. The following day there was a chill but no vomiting; two more very slight chills succeeded, and the child was well.

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#### TYPICAL CASE OF SENILE GANGRENE CURED BY THE DRY EARTH TREATMENT.\*

BY A. C. REMBAUGH, M. D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

ON February 19th last, Mr. C. B., aged 71, noticed a swelling of the toes of the right foot. Early next morning he had a chill. The swelling extended to the foot with increasing stiffness of the joints. Next day had two more chills, and it was thought that a fever and ague, which had afflicted him a few years previously, had returned to torment him. On this day I was called and found the condition as follows: intense redness, burning pain, swelling and heat, with extreme tension of the tissues. This was followed by a change of color, the parts becoming of a dusky brown or dark violet. Red streaks appeared along the course of the superficial vessels and the surface assumed a mottled appearance. The temperature fell, the sensibility began to diminish, the swelling became softer and oedematous, and vesicles or blebs arose on the surface, and were filled with a straw- or dark-colored serum, with a peculiar offensive and sickening odor.

During the early part of the inflammatory stage the pulse was rapid, the temperature high, the thirst intense, accompanied

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\* The Dry Earth is prepared and sold by H. Campbell, N. W. cor. 21st and Locust streets, Philadelphia.



with headache, nervous restlessness, a hot dry skin, and some delirium. The tongue was dry and of a dark-brown color. The countenance anxious and pinched, the voice feeble, great loss of muscular strength, bed-sores made their appearance and a diarrhœa set in. There was a disposition to doze, accompanied with incoherent muttering.

The excessive prostration which follows gangrene of even a very limited portion of the body is difficult to understand. It is generally believed to be due to obstructed circulation by the ossification of the arteries. Agnew and others are disposed to think it is due to blood-poisoning, a form of septicæmia induced by the introduction of tissue sewage into the system. The effect of this inflammatory infiltration is to produce softening and solution of the texture into which it is poured, thus dissolving the connection between the dead and the living parts. Many of the cell components of the affected structures together with migration-corpuscles appear as pus, and form a healthy discharge, in place of the fetid and irritating ichor which pours through every crevice of the foul slough, which in this case extended around the back part of the right foot from the front of one malleolus to the front of the other. We enveloped the foot in carbolized absorbent cotton, to retain the moisture and induce artificial heat in the diseased part, and applied poultices of Iceland moss over the slough in front of the external malleolus. Life and health returned to all the tissues except this one spot, which was about the size of the palm of the hand, irregularly triangular in shape, and quite deep. By this time it had become intolerably offensive, so that no one could remain in the room with the patient with any degree of comfort. I resolved upon applying the dry earth, which has been brought before the attention of physicians so prominently by Dr. A. Hewson, of this city, and the effect was little less than marvellous. In twelve hours little or no odor could be detected in the apartment, and shortly the granulations presented a perfectly healthy appearance. Twice daily for a month, without using a drop of water or any other substance for cleansing purposes, the cavity was filled with the dry powdered earth, surrounded by the carbolized absorbent cotton. We commenced this treatment during the second week of illness, when we despaired of the patient's life, the tide had run so low, but recovery seemed to commence with the earth application.

We commenced the medical treatment with Ars., on account of the chills, and because the patient was an emaciated asthmatic, who for years had slept in a chair in an upright position.

The Ars. was followed by *Rhus tox.*, for about a week, which was again followed by *Apis*, at the suggestion of counsel. Podo. followed this for a day or two, for the offensive diarrhœa and borborygmus. Wholesome, nourishing food was given without stint and fully enjoyed by the patient, and the recovery has been surprisingly satisfactory.

#### A CASE OF CONSERVATIVE SURGERY AND SKIN GRAFTING.

BY M. W. WALLENS, M.D., SOMERVILLE, N. J.

As each year has added to my surgical experiences, I have learned in cases of traumatic injury to have more faith in the curative powers of nature, aided by homœopathic remedies, and find less occasion to use the knife. In many cases of contused and lacerated wounds, with destruction of tissue, from gunshot, railroad, and mechanical injuries, I have been surprised to find how perfectly the parts could be restored under the use of *Arnica*, *Calendula*, *Permanganate of potash*, *Carbolic acid*, and similar remedies. During the past year I have seen fingers restored with full motion and use, even where the periosteum had been scraped from the bones, and the joints opened. In one case the thumb was entirely off, and lost in a heap of chaff for over twenty minutes, yet by aid of sutures and alcoholic dressings it was restored, and is now as useful as ever. I seldom use *Morphia* in such cases, as I am satisfied that it retards the process of cure. At the last meeting of our State Society I reported a case of compound comminuted fracture of the leg, which had been condemned to amputation; yet by careful conservative treatment it had been cured, and the man still enjoys nearly the full use of it.

At that time I had under treatment a much worse case, which I now take the liberty to report. John C., age thirty-five years, a native of Ireland, while intoxicated laid himself by the railway track, during the evening of August 26th of last year. At about 11 o'clock he was struck by a passing train, but was not found until 9 o'clock the next morning. Two allopathic surgeons and myself were summoned. We found the left arm in a terribly lacerated condition, the wounds measuring twenty-two inches from the shoulder to within a short distance of the wrist. The whole circumference of the arm was involved except about an inch of integument in front. The elbow-joint was opened; both condyles were fractured; the triceps muscle was torn from its attachments to the humerus, and hung by its tendon. The brachial artery and the median nerve were exposed for about three inches of their

course, but were unbroken. The hand was uninjured. We all agreed that amputation at the shoulder-joint was the only thing that could save his life; but he refused positively to have the operation performed. For two days and a half his arm was simply wrapped in a cloth saturated with a solution of Carbolic acid. At that time, at the urgent request of the family, I took the case into my own hands. I at once trimmed off the loose muscular tissues, which had already commenced to slough; removed the fragments of bone; had the man washed and dressed for the first time since the accident; continued the Carbolic acid dressing, and gave Arn.<sup>3</sup> and Acon.<sup>3</sup> internally. The elbow-joint I syringed out twice daily with a solution of Permanganate of potash, all of which was done with the object of making his few remaining days more comfortable, no hope of a cure being indulged. At the end of a week I commenced to use a flaxseed poultice. The same day severe arterial hæmorrhage set in, which I checked with the Persulphate of iron, and perfect quiet of the patient followed. Sloughing was extensive, one slough measuring four and a half by five inches, and extending to the bone on the front of the arm. I kept the poultices saturated with the Permanganate of potash. *Lach.*<sup>cc</sup> and *Ars.*<sup>30</sup> were the principal remedies now administered.

September 18th the joint closed, but an abscess forming there I opened it October 2d, and two days after the cartilages of the joint were discharged.

Seven weeks after the accident the open wound on the back of the arm measured fourteen by eight inches. Assisted by Dr. H. Crater I then tried skin-grafting to hasten recovery. We removed a piece with scissors from the opposite arm, and secured it to the middle of the open granulating wound with a compress and adhesive plaster. It soon attached itself, and promised so well, that nine days after I tried three more grafts from the arms of three of his friends. Suppuration was so profuse at this time, that in four or five days they all washed off, and we feared that all our trouble had been in vain. Eleven days after the last operation I found four cicatrized spots upon the face of the wound, and in a few days they spread so rapidly, that instead of one large sore, I had four or five small ones, all healing from the edges. In less than three months I discharged him as well. In four months he resumed light work, and in six months he lifted and carried in his arms a piece of iron weighing two hundred and five pounds. He now has a slight motion of the joint, and attends to almost any kind of work.



## Miscellaneous Contributions.

### VIRGINIA AS A FIELD FOR HOMŒOPATHIC PHYSICIANS.

EDITORS *HAHNEMANNIAN MONTHLY*: I am frequently in receipt of letters of inquiry concerning Virginia as a suitable location for homœopathic physicians, especially from recent graduates. Knowing that the *HAHNEMANNIAN* is taken by a majority of our graduates, I thought it would be a good plan to give the readers of your journal what little information I was able to, through its columns.

Virginia is the most southern of the "Middle Atlantic States," about midway between Maine and Florida, between latitudes 36 and 40 degrees, and between longitudes 76 and 82 degrees. Its southern boundary, south of Richmond, is exactly midway between the north point of Maine and the south point of Florida. Richmond and San Francisco are in almost the same latitude, about  $37\frac{1}{2}$  degrees north. The latitude and extent of Virginia from north to south, are about the same as those of Portugal. The area of the State is 45,000 square miles; the length of its southern boundary, 476 miles; and its breadth from north to south, nearly 200 miles. The six physical divisions of its surface extend nearly parallel with each other, from northeast to southwest. They rise by regular gradations, from the level of tidewater in the east, to the heights of the Appalachian Mountains in the west. The eastern division, called the Tidewater Division, is low and marshy in the east, and rises in successive terraces from the level of the sea, to a range of hills, or border, of granite and sandstone, about 150 feet in elevation. This range, over which the rivers of the upper country fall, forms the limit of tidewater, as well as the line along which vast water-power is supplied, thus designating the sites of busy manufacturing and commercial towns. This ridge is continued through North Carolina, South Carolina, Georgia, and Florida, and several important towns are on it. The mountains are in the north and west, and comprise the Alleghany and Shenandoah ranges, and the Blue Ridge, with numerous short ridges, all extending northeast and southwest. Besides these, there are many detached mountains. The mineral springs are more numerous than in any other State of the Union, and are widely known, and many of them celebrated for their health-giving properties.

The scenery of Virginia is diversified by magnificent mountains, fertile plains, picturesque valleys, deep gorges and gaps,

numerous waterfalls, caves, and an extensive coast line. Probably no State can boast of more magnificent or beautiful scenery than Virginia.

The climate, as can be seen from the location of the State, is very healthful, and a delightful mean between the cold of the most northern and the heat of the most southern States. The winds from the southwest bring the warmth and rains from the Gulf of Mexico, and cover the plains and valleys with an abundant vegetation. The principal agricultural productions are Indian corn, tobacco, wheat, hay, oats, and potatoes. Cotton is grown in the southern part of the State. Apples, peaches, pears, quinces, figs, apricots, and plums, are produced in great abundance. Small fruits, particularly strawberries, and wild grapes, with garden products, are shipped north in immense quantities; indeed, it is estimated that this State has a productive capacity equal to the support of twenty millions of people.

The mineral productions are gold, iron, copper, lead, zinc, coal, granite, silver, limestone, marble, slate, glass-sand, brick and fire-clays, plumbago, rock-salt, gypsum, manganese, and marl. Manufactures are rapidly increasing in importance, that of tobacco being already well established, while there is a growing interest in the manufacture of cotton goods in many portions of the State. Railroads are numerous, and several new lines are being rapidly built, and there is an increasing demand for northern capital and skilled labor.

Homœopathy is yet in its infancy here, there being but 14 physicians of our school in the entire State. We are sadly in need of more help in this line, and there are many fine locations for homœopathic physicians. The people are rather conservative, and slow to embrace new ideas. They have become so accustomed to their massive doses of compounded drugs, that it will take time to eradicate the old notions, and secure the general acceptance of a more enlightened and scientific method. A short account of my own experience will serve, however, to show what may be accomplished in a brief time, and I unhesitatingly offer it for the encouragement of any who may be disposed to settle in any one of the numerous inviting fields of this State.

I graduated from the Hahnemann Medical College of Philadelphia, March 10th, 1881, receiving my diploma about 4 P.M. At 11 P.M., of the same day, I was *en route* for Danville, Va., arriving here at 6 P.M., March 11th. I knew not a single person here, and had no friend except my trusty and

faithful wife, who accompanied me. Hiring an office the next day, I hung out my "shingle," and during the first thirty days procured the large practice of two dollars and fifty cents. Two dollars of this amount has not yet been collected, and has been set aside for the missionary society. My practice during June, 1881, amounted to \$881.50. I have made numerous firm converts to homœopathy during my short stay here, and have every reason to be satisfied with my success. There were 17 allopathic physicians here when I came, and there are 14 still, though the town boasts a population of only 10,000 inhabitants.

Below I give a list of desirable locations for homœopathic physicians, Richmond and Fredericksburg being probably the most desirable. The population given is from the census of 1880:

Richmond, 63,803; Norfolk, 21,966; Petersburg, 21,656; Portsmouth, 11,388; Alexandria, 13,658; Lynchburg, 15,959; Manchester, 6036; Danville, 7536; Staunton, 7767; Winchester, 4949; Fredericksburg, 5125; Lexington, 2771; Charlottesville, 5000; Farmville, 2300; Wytheville, 2300; Hampton, 3300; Harrisonburg, 3004; Warrenton, 978; Williamsburg, 1500; Gordonsville, 1522; Salem, 1800; Liberty, 2200; Leesburg, 1684; Yorktown, 524.

These figures are taken from the census report, and embrace only the inhabitants within the corporation limits. Most of them have smaller towns and villages close to them, which would be included within the physician's rounds. These places will swell these numbers, all the way from 500 to 12,000; notably, the population of Richmond and vicinity would thus be 79,000, that of Danville and vicinity, 11,000.

I have given nothing but plain figures and facts, not wishing to paint the picture in too rosy colors, although I am enthusiastic in behalf of Virginia as a field for homœopathic physicians. The words of Horace Greeley: "Go West, young man," ought to read: "Go South, young homœopath." Other Southern States offer equal facilities for the enterprising disciple of Hahnemann. I firmly believe that our cause is destined to prosper in this section. The meeting of the American Institute of Homœopathy, next June, in Richmond, will be a great help to us. We are few in number, but will give "The Institute" a cordial welcome.

Hoping that others may be induced to come to Virginia, and try their skill in administering the "similimum," I am

Most sincerely yours, M. E. DOUGLASS, M.D.

DANVILLE, VA., July 20th, 1881.



## HOMŒOPATHY IN MEXICO.

BY EDUARDO FORNIAS, M.D., PHILADELPHIA, PA.

HOMŒOPATHY has been legally acknowledged in the State of Vera Cruz by the following decree (translated from *La Reforma Medica*, vol. iv., No. 1), the importance of which the readers of the HAHNEMANNIAN MONTHLY will fully appreciate :

"Luis Mier y Teran, Constitutional Governor of the free and sovereign State of Vera Cruz, to its inhabitants let it be known, that the Legislature of the same has directed to me the following decree :

"No. 105. The Legislature of the free and sovereign State of Vera Cruz, in the name of the people decrees :

"ARTICLE I. The Homœopathic Medical Faculty is recognized and protected in the State.

"ART. II. To practice homœopathy in the State, it is necessary, besides proving (in accordance with the law in force), the possession of knowledge equal to any allopathic physician, to be examined and approved in the following branches :

"I. Applied botany, and especially the geography of the medicinal plants of the country.

"II. Institutes of homœopathy, as set forth by Hahnemann.

"III. Homœopathic therapeutics.

"IV. Homœopathic clinics or clinical medicine.

"ART. III. The State in fault of said chairs will appoint three Doctors in Medicine and Surgery, members of the Mexican Institute of Homœopathy, as examiners.

"ART. IV. The examination of which the above article speaks will be public, and verified in the following order :

"I. Forty-eight hours before the first examination a medical subject will be given to the candidate, and about which he will discuss or debate, either verbally or by writing, at the beginning of the act. This dissertation should last not less than twenty-five, nor more than forty minutes. After the dissertation, each examiner will put to the candidate the questions which he may judge convenient, not taking for the purpose more than fifty minutes.

"II. The following day after this first examination, the jury and candidate will proceed to a hospital, where each physician will designate to this (candidate) a patient, to give his opinion about the disease, and treatment of the case before him.

"III. After this second examination the candidate will leave the room where it took place, and the examiners will proceed to vote by ballot.

"IV. The candidate will, soon after this act, receive formal notice of the result of the voting, through the Secretary, which office will be performed by the Junior; and a record of the proceedings will be sent to the Executive, that it may (if a successful candidate) confer the degree.

"ART. V. Homœopathic physicians with degrees conferred outside of the State, can register them before the competent authorities, if they justify also in accordance with the law the fulfilment of the requirements of this decree in respect to the possession of knowledge of which the Article II speaks, and previous payment of the respective fees, and the justification of legal property of the title then exhibited, for which purpose the identity of the person is indispensable.

"ART. VI. The fees of the titles conferred by the Government, by virtue of this decree, will be the same as those paid to the State by allopathic physicians.

"Given in the room of sessions of the Legislature, Orizaba, December 12th, 1879.

"LEOPOLDO RINCON,

"President.

"IGNACIO DE LA CÁMARA PEON,

"Secretary.

"And in compliment I order its impression, publication and circulation. Vera Cruz, December 15th, 1879.

"LUIS MIER Y TERAN.

"A. MORENO,

"Secretary."

From Volume IV., Numbers 8 and 9 of the same journal, I extract the following:

"On the 18th of September last took place the inauguration of two wards for homœopathic treatment in the public Hospital 'La Slave' de Orizaba, and this important advancement, due to the efforts of the enthusiastic Dr. Ismael Talavera, Dr. Edwards de Pablos Velez (Hospital Inspector), of the illustrious friend of our school, Sr. Ramon Hernandez, and above all to the good-will of the State and municipal authorities, was celebrated with the applause and rejoicing of the numerous and selected clientship which homœopathy already counts in Orizaba. There is in this city a degree of sympathy for the new

doctrine, greatly to be appreciated indeed, and which speaks very highly of the culture and progressive spirit of its inhabitants. The wards, one for men, with seventeen beds, and the other for women, with eight beds, are located in the upper part of this handsome and vast building. They were newly built, and painted in oil colors, and decently furnished with iron bedsteads, bought by Dr. Pablos Velez with the product of public entertainments given in behalf of the institution; with bureaus and quilts, presented by the governor; also, spoons, glasses, blankets, wearing apparel, and other necessities, bought with the funds of the hospital. In the centre of the male ward was placed a bust of Hahnemann, crowned with the inscription, 'Similia Similibus Curantur.' During the splendid ceremony, which commenced at 10.30 A.M., under the airs of the national march, and assisted by a numerous audience, addresses were delivered by the Governor, by Dr. Ismael Talavera, Sr. E. Espinosa, and Dr. C. Colin, all and every one of which were pregnant with truth, and showing the spirit of confidence of which they are possessed, for the establishment and general legal recognition of homœopathy in Mexico."

This acknowledgment of homœopathy by the Legislature of the State of Vera Cruz, and the inauguration of the two wards for homœopathic treatment in Orizaba, are significant enough, and predict a new era for the law of similars in our neighboring Republic. A new field is thus opened to our increasing army of young physicians, and this field will undoubtedly become more easy of access as soon as the projected railroads, which will unite us more intimately with our neighbors, are once finished. Its beautiful climate, its form of government (so similar to ours), its wealth, and the hospitality of its people, are additional attractions to the young physician seeking a residence in Mexico.

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#### WHERE IS THE SCHISM?

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY: In your July number, page 438, mention is made of the annual meeting of the International Hahnemann Association, during the session of the American Institute of Homœopathy. You remark: "*We presume that the Association was wise enough to repudiate formally the publicly expressed design and object of one of the officers, i. e., to effect a schism in the homœopathic profession.*" If the design was publicly expressed by one of the officers of the Association, as if it were indorsed by



it, it would have been the correct thing for the editor to state who that officer was, where and by what means (in writing or by word of mouth) such a design as you charge the Association with was publicly expressed by it. It is just the reverse. This Association has publicly denounced existing schisms, and if the tenets held by this association are schismatic, it behooves the editor of a professedly homœopathic journal to make good his assertions. The public declarations of this Association are:

1st. We believe the *Organon* of the healing art, as promulgated by Samuel Hahnemann, to be the only reliable guide in therapeutics.

2d. This clearly teaches that homœopathy consists in the law of the similars, the totality of the symptoms, the single remedy, the minimum dose of the dynamized drug, and these not singly but collectively.

3d. Numbers of professed homœopathists not only violate these tenets, but largely repudiate them.

4th. An effort has been made on the part of such physicians to unite the homœopathic with the allopathic school.

Where is the schism? Or in what particular are these declarations erroneous?

We further call the attention of the editor to the annual address, delivered on the occasion of the last meeting of this Association, by Dr. P. P. Wells, as well as to the proceedings and transactions of said Association, published in full in the *Homœopathic Physician*, the declared organ of it.

As members of the American Institute of Homœopathy, as homœopathic physicians, and as men, we claim the privilege to exercise the right of expressing our opinions publicly, and if in any of our public acts we have shown anything like an expressed design to effect a schism in the homœopathic profession, the editors of your journal have a perfect right—nay, it becomes your duty—to show that your hasty assertions are correct.

*The winds of progress*—as you have it—i. e., *all new scientific discoveries*, only prove the correctness of the tenets promulgated by Hahnemann.

*The seas of professional opinion*—as you have it—will strand any craft, be it your square-rigged brig, with its profane commander and helmsman, or be it a close corporation of philosophers; it will strand any combination of men, just as it is stranding surely the allopathic school, governed as it is by the ever-changing seas of professional opinions. Our school is forever to be governed by its tenets. Strict inductive methods

will bring to us infallible laws; if we deviate from them our school will be mentioned by posterity only as a caricature in the history of medicine. We presume that you will graciously repudiate formally your erroneous assertions.

Yours truly,

AD. LIPPE.

PHILADELPHIA, August 12th, 1881.

#### THE I. H. A. DEFENDED.

EDITORS HAHNEMANNIAN MONTHLY: I shall avail myself of your avowed and fully recognized liberality in admitting to your columns "both sides" of all matters that relate to our common cause, and a fair opportunity for the ventilation of the various and differing views, opinions, and beliefs that have become so rife in our school in these later years of its progress and development. I have already, perhaps more than once, made my grateful acknowledgments for the graceful courtesy with which you have accorded this liberty to myself and others. I had hoped that my short note in your August issue would "close out," as the merchants say, all that I had to say in vindication of the action and non-action of the International Hahnemannian Association in its relations to itself and to others. But your elaborate comments upon what little I did say, seem not only to demand that I should add somewhat to what I have there said, but that I shall be very careful as to what I do say, and very brief, too, lest I may again start off your pen and your wits on another such exploring expedition as you have thus ventured upon. I admit that our Association is but a newly discovered field for yours and others' exploration, as also that I am not at all surprised that, therefore, much of erroneous and contradictory statement should result. As we—your journal and our Association—have adopted the same name—Hahnemannian—we have something in common, and ought not, therefore, to be calling each other names, nor commenting upon the signification of *that* name unfavorably. It is to be fairly presumed that we both use this cognomen from the same standpoint, and with the same idea, and with the same honorable intent. I have no doubt that both of us, your journal and our Association, adopt and heartily subscribe to the interpretation of that name, which is comprehended in the crisp observation of Constantine Hering, perhaps a second Hahnemann, viz., "If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve to be men-

tioned only as a caricature in the history of medicine." At least this is what and this is all that *we* mean in the adoption of that name for our Association, and I have the charity to believe this is *just what* your *Hahnemann* Club intended in accepting it for the journal it has so kindly fathered. So we are quits on that score.

I have not the slightest doubt but that if a proposition "to effect a schism in the homœopathic ranks" had been formally presented to our Association that it would have promptly voted it down, if that purpose had been assumed as one of the objects of its organization, for nothing under the sun was farther removed from *its* purposes than that. That an individual member, an officer even, should have subsequently and publicly—through a medical journal—avowed that as one of its purposes, is his own individual affair, and this under your avowed statement in your recent editorial, "we believe in freedom of speech, and freedom of the press, just as much as in freedom of medical opinion and action, and *that* we are ready to contend for against *all* assailants," etc. So do we, and until that member and that officer, or some other officer, shall ask for the recognition and adoption of that sentiment and purpose, we, as an association, will probably remain silent. I could send you an elaborate and a plausible, if not a logical, argument for the alternate or concurrent use of remedies, and you could print it in your journal, and I am a twice elected vice-president of the I. H. A., and thus similarly situated and related to it as is the individual to whom you refer. So long as I hold this only as an individual opinion or belief, the I. H. A., or any other association, as such, has no right to call me to an account. When I shall attempt to put such sentiments into force by persistently practicing otherwise than with the single remedy, or by a formal presentation and advocacy of them, then the I. H. A. would have the right to interfere, and to act in the premises, not before. Through several of our journals, through more than one of our societies, State and county, as also by many individuals in the profession, it has been, and is still, claimed that the formula "*similia similibus curantur*," the corner-stone of our edifice, is but a "rule of action," and not a therapeutic *law*. Yet who has ever heard that these journals, these societies, these individuals, have been formally dealt with, and their sentiments "repudiated" by the Institute, or by the societies themselves, until they were formally presented for society action, and as I remember, not even then but in one single instance. On the contrary, those sentiments have been adopted, and openly



if not offensively promulgated by quite a large portion of the recognized homœopathic profession. Is it not high time that from some quarter a formal and an organized protest should be raised against *this* schism, this wide departure from the strict *inductive*—for induction presupposes *laws* and not mere *rules*—method of Hahnemann?

The International *Hahnemannian* Association contemplates this and nothing more. It desires, nay, it *courts* UNION and *not* separation under this flag, the flag under which Hering, Dunham, Joslin, and scores of our departed worthies have so bravely fought, and so gloriously won. I cannot for a moment doubt, gentlemen, that your club and your journal will cordially and heartily second us in this effort, and aid us in this purpose to the utmost of your ability, and that, too, with all that earnestness and devotion which has hitherto characterized your advocacy of our common cause,—the advancement of therapeutic science and the art of healing. You cannot, therefore, afford to belittle or to ignore a large proportion of the men who constitute our membership, nor can their motives and purposes be justly assailed, nor their characters vilified even by implication, for they are men whose self-devotion, integrity of purpose, and success as physicians are recognized, and whose names as truthful exponents of our law of cure are written upon every page of the history of homœopathy since, almost, its introduction into this country.

I need not pursue this subject farther, I am sure, nor stop to refute your claim that we as an association indulge in vague and promiscuous charges against, and in “defaming the good name of hundreds, yea, thousands of men, as honest and as skilful as themselves,” lest I shall convict you and your colleagues of “not reading the homœopathic journals,” whose almost every issue records the widespread and definitely localized defections that pervade our school, and so glaringly, too, that “the wayfaring man, though a fool,” and even the stupid allopaths, not only do not “err therein,” but boldly and impudently taunt us therewith.

T. F. POMEROY.

JERSEY CITY, August 16th, 1871.

## VIVE L'INTERNATIONALE!

EDITOR HAHNEMANNIAN: The editorial comments in your journal upon the "extract from the log" of the non-descript craft, by some called a "brig," and by others a "clipper(?) steamer" (if your modesty will permit you to print the commendation), were so timely, logical, and withal, expressed in such vigorous and pure English, that all believers in homœopathy should rally to your support against the true mongrels. At last the "mongrels" are found! Permit me, at this point, as an old sailor, to direct your attention to an error in your former classification of this vessel. To call l'Internationale a brig, is to libel what was once considered a very beautiful type of marine architecture; being an hermaphrodite adds to her merit, as such vessels possessed all the good qualities of a brig, and none of the bad. In Holland they have a tub of a craft, called a "*schuyte*," described by "Knickerbocker" as constructed upon the model of the fair countrywomen of the builders, to wit, "one hundred feet length of keel, one hundred feet depth of hold, and one hundred feet breadth of beam, moreover, with a prodigious high poop." These vessels go two miles to leeward to one ahead; that is, when going ahead at the rate of four knots an hour, under a press of canvas, they drift to leeward at the rate of eight miles. Hence they "look out" for land abeam, to leeward, sailing eight points (one-quarter of the circle) off their course; when the latitude of her port is reached her sails are furled, and, as Irving puts it, "she drifts sideways into the harbor, like—a majestic goose." Pray do not violate the proprieties, nor harrow the feelings of your ex-nautical readers, by calling this parody on a vessel a "brig;" it is a *schuyte* of the purest water and exact model. The full interpretation of this comparison is at the disposal of the crew of the *schuyte* whenever demanded.

The name Internationale, however, leads our memories back to the days of the Commune, after the fall of the French empire. The present organization, it seems to those without the fold, only lacks the courage and spirit of its political prototype to rival its revolutionary atrocities. As long ago as 1877, I was the recipient of letters from some of the present crew of the *schuyte*, asking my co-operation in the formation of just such a society as the "Internationals" have, with the avowed purpose of divorcing the true blue from the mongrels. The In-

stitute, in express terms, was accused of apostasy, and the time was said to have come when the lines should be tightly drawn. I have no evidence that the schuyte was launched with any other object; on the contrary, there is much evidence that it *is* the embodiment of the principles contained in the letters referred to. There is this slight difference, however, that, as you have ably shown, *Mr. Editor*, it is the mongrels who have seceded from the homœopaths!

I am the more inclined to accept the accuracy of the diagnosis of the HAHNEMANNIAN, from personal knowledge of two of the crew; the only members of that company that I have had prolonged personal relations with. One of them (the old salt) is such an ardent homœopath, whatever he may be as a Hahnemannian, that he always sent his obstetrical cases to an allopathic physician, or, to paraphrase Pinafore, "nearly always." At least, *once* he didn't, alas! He had so thoroughly indoctrinated his patrons with an intelligent love for the system of *similia*, that upon his change of residence they nearly all drifted into allopathic hands. Some of them, of course, would drift back again into the fold, now and then, but not from any good word from him for his colleague, because a *true* "Hahnemannian" *has no colleague!* How our sailor would berate those who drifted into a *homœopath's* hands, was only equalled by the berating he would give the unfortunate homœopath who dared appropriate a patient once seen by his International eyes.

When the question of veracity, raised between Drs. Pearson and Pomeroy, is settled to their mutual satisfaction, it may be proper to devote some *serious* attention to the motley crew of the schuyte. Pending this, old BUTLER must have had them in his prophetic eye, when he sums up the party of *Hudibras* as follows:

"All piety consists therein  
In them; in other men all sin."

A friend at my elbow says: "Why, these tars are not mongrels." No! Let us see. What does the *word* "homœopathy" itself mean? Simply a "like affection," liberally translated, with no allusion in its etymology to dynamization, psoric affections, fluxion potencies, and prescribing on "characteristics." All outside of the bare law of similars is Hahnemannian, or worse, and we are only required to *believe in the law* to make us homœopaths. We *do* believe the law, because it *is* a law, and proved *true*, not because Hahnemann gave us the formula. Hahnemann himself was a *man*, and the historical volume of the *Transactions* of the World's Homœopathic Convention, in



1876 (*vide* pages 16 and 23), shows that he was *very* human indeed. Now, my friend, I call these horse marines "mongrels," because they loudly arrogate to themselves the practice and teachings of one they reverently call "the Master," and yet their platform of principles contains only *five* of the assumed teachings of Hahnemann; not a word of indorsement of the psoric theory, and in utter defiance of the express commands of "the Master," holding fellowship with Fincke and Swan; many of them rejecting the totality of the symptoms, and prescribing upon single symptoms, and thus whilst avowing a belief in the intrinsic truth of the doctrines of the *Organon*, rejecting some which the author deemed fundamental, and adopting others that he would pronounce the rankest heresy, were he in the flesh.

Homœopathy begins and ends in the law of similars; it knows no "authorities" in matters of practice; and the true mongrels are those who add articles to its creed which do not even obtain the assent of a respectable minority in the profession. I have always been considered of the "strictest sect," but the tempest in a teapot our *Internationales* raise, is almost sufficient to warrant an utter abrogation of the name homœopath. But, in God's name, if these "Flemish tars" prefer drifting around in their schuyte to sailing straight forward in a *real* clipper, why, "good luck to your fishing."

Truly yours,

J. G. GILCHRIST.

DETROIT, MICHIGAN, August, 1881.

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QUEEN VICTORIA AND THE DOCTORS.—It seems that Queen Victoria notified the International Medical Congress recently in session in London, that if the forty-three women physicians who applied for admission were not excluded from participation in its deliberations, she would withdraw her patronage from the Congress. We do not like to speak, or even to think, disrespectfully of England's Queen, but for her to attempt to influence the convention in any way whatsoever, must be regarded as a piece of unwarranted interference—not to use a harsher phrase. Our allopathic friends will be wise if they resolve never again to place their international gatherings within the reach of her influence.

THE  
HAHNEMANNIAN  
MONTHLY.  
A HOMŒOPATHIC JOURNAL OF  
MEDICINE AND SURGERY.

*Editors,*

E. A. FARRINGTON, M.D.      PEMBERTON DUDLEY, M.D.

*Business Manager,*

BUSHROD W. JAMES, M.D.


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Vol. III.

Philadelphia, Pa., September, 1881.

No. 9.

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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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**Editorial.**

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OUR THREE LETTERS.—It is hoped that the reader will give to the letters of Drs. Lippe, Pomeroy, and Gilchrist, published in this number, a careful and unprejudiced examination before perusing this article.

Dr. Lippe's letter, which is intended as a reply to our July editorial, consists chiefly in an attempt to show that the International Hahnemannian Association is not schismatic in its objects and tendencies. As we made no such charge or intimation against the Association, we are under no obligation to reply to that portion of his communication.

Dr. Pomeroy's letter was written evidently under the belief that we designed our August editorial solely as a reply to his August letter, whereas only the second and third paragraphs were so intended, the body of the article being simply designed to present our views in reference to the International Hahnemannian Association, independent of anything that had been written or said on the subject. Yet we are glad that the doctor, alluding to our exposition of the term "Hahnemannian," calls attention to the fact that this journal bears the same title, and

says, "it is presumed that we both use the cognomen from the same standpoint, and with the same idea." Now we beg leave most respectfully to doubt if that presumption is correct. The name "Hahnemannian" was assumed by the members of the International Hahnemannian Association because they wished to be distinguished from their fellow-homœopathists, as faithful practitioners of and believers in all the teachings of Hahnemann. Observing that some homœopathists did not accept all of Hahnemann's doctrines, they became dissatisfied with that title, and therefore assumed the other in addition. That was *their* idea of the term "Hahnemannian." But when a journal, a college, or a society—a club, if you please—assumes this title, it is simply from a desire to honor the name, already so pre-eminently honored in medicine, and as a convenient and effectual method of proclaiming to the world their faith in that system of therapeutics of which he was the founder. When the present proprietors purchased this journal, the terms included the title also, a title which it had held since its publication was begun. Consequently, *our* use of the term HAHNEMANNIAN no more implies a belief in *all* Hahnemann's teachings, than does the name "Jefferson" denote that the medical college which holds it, is maintained for the purpose of inculcating the principles of republican government.

But we are not done with Dr. Lippe's letter. In that letter we are told that "if the tenets held by this Association are schismatic, it behooves the editor of a professed homœopathic journal to make good his assertions." What assertions, pray? The only remark we made on that subject was as follows (see July number, p. 438): "We presume the Association was wise enough to repudiate, formally, the publicly expressed design and object of one of its officers, *i. e.*, to effect a schism in the homœopathic profession. If that was not done, nothing else that the Association did or could do can exempt it from the suspicion that such an evil design, perhaps, finds lodgment in the breast of more than one of its members." It is apparent, then, that we have *not* asserted that "the tenets held by the Association are schismatic;" still, to save time and trouble, and to be fairly understood, we *do* make that assertion here and now. And we will now proceed to "make good our assertion."

The whole homœopathic profession is united by a common belief in certain principles. Among these, are the law of similars, the proving of drugs, the totality of symptoms, the single remedy, and the minimum dose. The first of these meets a



universal, unqualified acquiescence. The others are variously qualified and interpreted by various physicians. For instance, one considers it proper to accept no symptoms except those obtained on healthy persons; another accepts, with certain restrictions, clinical symptoms, or those obtained on the sick; and still another resorts to the material products of diseased action, regardless of any symptoms whatever. One, in addition to the totality of symptoms, presses into his service the pathological state, as an additional aid in prescribing, and another prescribes from characteristics, rather than totalities. One alternates his remedies whenever he thinks he discovers two or more pathological states, or a diseased action of two different parts or organs, each giving rise to its own more or less distinct group of symptoms; and another gives only one remedy at a time, and, perhaps, changes it three times a day, as the symptoms change. One administers the highest possible dilution which he thinks capable of effecting a cure, and another thinks it useless to push the minimizing process beyond the bounds where danger to the health of the patient from overdosing no longer exists. One thinks the ultimate cure of the case the principal object to be kept in view in deciding on the dose; another takes more account of the *speed* with which he desires to effect his cure; and so on, and so on. Some of these methods may be wrong; possibly they are all wrong. But if so, they are simply erroneous interpretations of the laws of nature. They are by no means the evidences of a disbelief in those laws. There are possibly a few exceptions, certainly not many, to this general statement; and on these principles the profession is practically a unit.

The organization of the International Hahnemannian Association at Milwaukee, in June, 1880, was effected by the adoption of a preamble and resolutions, which included the following:

"WHEREAS, We believe the *Organon* of the healing art, as promulgated by Samuel Hahnemann, to be the only reliable guide in therapeutics; and  
 "WHEREAS, This clearly teaches that homœopathy consists in the law of similars, the totality of symptoms, the single remedy, and the minimum dose of the dynamized drug, and these not singly, but collectively, etc., . . .

"Resolved, That for the purpose of promoting these sentiments, and for our own mutual improvement, we organize ourselves into an International Hahnemannian Association," etc.

This preamble, then, is the Internationals' creed. It will be seen that it includes the doctrine of dynamization. This doctrine is not held by all homœopathists, nor by nearly all. The recent discussions in our journals are sufficiently indicative of

this fact. Many have even denounced it as an absurdity. Yet, according to this creed, a physician may believe in the law of similars, the provings of drugs on the healthy, the totality of symptoms, the single remedy, and the minimum curative dose, and may follow all these out scrupulously in his practice; yet unless he adds also a belief in the dynamization theory he is not homœopathic in his belief, and, of course, not in his practice, because the creed expressly states that "homœopathy consists in" all the above principles,—dynamization included,— "and these not singly but collectively." The man who prescribes a tincture under the law of similars, is a poor, miserable, benighted allopath; he has not even attained to the dignity of a "mongrel." He is utterly non-homœopathic, and is cast into outer darkness.

This creed, then, sets up a line of demarcation, and, taking some of those who treat patients on the principle of *similia*, places them beyond it and denounces them as non-homœopathic. Suppose now that the whole world could be at once induced to accept the teachings of this creed; what would be the condition of the profession to-morrow? The believers in dynamization would be accounted homœopathic physicians, and the non-believing homœopathists would either be numbered among the allopaths, or be compelled to organize themselves into a distinct school. And this is precisely the picture that Dr. Berridge drew for his own delectation while laboring so assiduously to secure the organization of the International Hahnemannian Association (see his own statement in the *Homœopathic World*, November 1st, 1880). Evidently he builded better than his associates knew. And now, we have "made good our assertion" that "the tenets held by the Association are schismatic." If they are not so, we should like to know how they could possibly be made so.

When Dr. Hering was asked to identify himself with the International Hahnemannian Association, he consented on condition that a clause should be inserted in its platform, declaring that the object of the Association was "to help those who stand half-way," *i. e.*, as we understand it, to direct and encourage the practice of a purer homœopathy by the masses of homœopathic physicians. But it appears the Association had no such object, for they refused to adopt such a declaration, and concluded they would rather do without Hering than labor for the promulgation of what they profess to consider a pure Hahnemannian homœopathy. If they are afraid to secure the union of the whole profession under their own banner, it must be because they

prefer *disunion*. If *that* is not schismatic, will Dr. Lippe tell us what is?

If time and space permitted, we might go on to show that the *peculiar* doctrine of the International Hahnemannian Association—the dynamization theory—is not an essential of homœopathy at all, and was not so regarded by Hahnemann. Strongly as he advocated attenuation, he nowhere in the *Organon* lays down the proposition that without dynamization there can be no homœopathy. Indeed, in the self-same work he alludes to multitudes of homœopathic cures made by allopathic physicians, with drugs which, he well knew, were *not* dynamized at all. The dynamization theory was a “supplementary principle,” and Hahnemann so considered it. These things being so, it follows that the International doctrine that homœopathy consists in several principles, taken not singly but collectively, one of which is “the minimum dose of the *dynamized* drug,” is not only schismatic, it is also untrue and un-Hahnemannian.

THE NEW YORK AND PENNSYLVANIA STATE SOCIETIES.  
—These flourishing societies both hold their sessions during the month of September, for particulars of which we refer to our news pages. There ought to be an interchange of compliments, through self-appointed delegates, between these two bodies this year. It would be a very pleasant trip for our Pennsylvania homœopaths who might decide to attend the session at Watkins, and an equally pleasant one for the New Yorkers who should gladden us by their presence at West Chester. New York is not far from Pennsylvania, and Pennsylvania is about the same distance from New York.

The New York State meeting will be a success; it always is. But even had the society an indifferent record in this respect, the list of papers (which we publish) already promised for the coming meeting, shows that those who may attend it will derive both pleasure and profit from the occasion.

We are interested in the New York society—we Pennsylvania physicians, we mean. But our own society not only claims our interest; she demands also our care. We owe to her our fealty, our thought, our experience, our labor, our money. Though of this latter commodity she is satisfied with a paltry three dollars a year—less than a single one of her numerous new therapeutic hints is worth.

If all our Pennsylvania homœopathists knew exactly what sort of a meeting we had last year at Easton, there would be no need to urge their attendance this year at West Chester.



Our society had been in a bad way. She was dying of atrophy, —atrophy caused by suspension of function—fatty degeneration without the fat. But last year she aroused herself and began to practice some of her old-time gymnastics, and to-day she is vigorous again. Her disease is gone, her health restored, never, we trust, to suffer a relapse.

And now we come very near home. Do our Philadelphia physicians know that our reputation for attending, or rather for *not* attending, our State meetings; yes, and our National meetings, too, is not so good, not *nearly* so good as it ought to be; not nearly so good as that of the physicians of other cities,—Boston, New York, Pittsburg, Cleveland, Chicago, Cincinnati, St. Louis, and all the rest? Well, it is time we were finding it out, for it is strictly true. What is to hinder us from doing as other physicians do? We speak now, not to the few who do attend meetings, but to those who are “too busy;” those who “have an obstetric case” (as if every doctor did not have an obstetric case), those who “cannot afford it” (and smoke high-priced cigars); those who “do not belong to the society;” those who “do not think much of the low-potency talk at the meetings;” those who “get tired of listening to reports of high-potency cures;” those who make *any* excuse which does not satisfy their own consciences. Let us break loose from these restraints. Even if the society does not need us, we do need the society, whether we think so or not. Just for once, by way of experiment as it were, let’s *all* go.

DR. TALCOTT’S LECTURES ON INSANITY, to be delivered before the class in the Hahnemann College of Philadelphia during the coming session, will be upon the following subjects, the course consisting of ten lectures:

- 1st. The Insane Diathesis.
- 2d. The Brain—Synopsis of its Anatomy—Localization of Function—Pathological Changes leading to Insanity.
- 3d. Insanity—Diagnosis—Theories of—Definitions—Insanity at Law—Commitment of Patients—When and how they should be sent to asylums.
- 4th. Melancholia.
- 5th. Mania.
- 6th. General Paresis.
- 7th. Dementia.
- 8th. Prognosis in Insanity.
- 9th. Treatment, moral and hygienic.
- 10th. Treatment, medical.

The lectures will probably be given at intervals during the college session, and their character will be such as to attract the attention not only of medical students, but of medical practitioners as well.

THANKS.—The *Evening Star* of Philadelphia has given the HAHNEMANNIAN the compliment of a favorable editorial note, which we appreciate very highly, coming as it does from the newsiest, crispest, and most popular of our evening dailies, and one of the best advertising sheets in the whole country.

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## Notes and Comments.

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STAGGERS.—It is said that a horse, afflicted with this malady, may be cured by rigorously excluding corn from his bill of fare.

KOUMISS is fermented mare's milk. Its use induces a more firm mental action.—*Phila. Bulletin*.

We should like to present a bottle to a certain allopathic contemporary of ours, but unfortunately—how *do* they ferment mares any how?

PROFESSOR LUDLAM'S LECTURES ON PUERPERAL DISEASES, to be given in the Hahnemann College of Chicago, during the coming winter (see advertisement), will doubtless attract a large attendance, Dr. Ludlam's reputation as a successful and popular lecturer in his department being second to that of no other in the country.

SAFETY OF ETHERIZATION.—It is estimated by the *Philadelphia Medical Times* that in Philadelphia alone, ether anæsthesia is induced in fifty persons daily. Allowing three hundred days in the year, we have an average of fifteen thousand persons subjected to this process per annum, or one hundred and fifty thousand in ten years. Yet the editor of that journal expresses a doubt if a death has ever followed *solely* as a result of its use.

PIONEERS OF HOMŒOPATHY IN MEXICO.—In 1850 Drs. Ramon Comellas and Julian Gonzales opened an office in the city of Mexico, No. 13 Canoa Street. As this was three years prior to the settlement in that city of Dr. P. Rafael Navarrete, the honor of being pioneers belongs to the former physicians, and not to the latter. See *Transactions of the World's Homœopathic Convention*, 1876, vol. ii., where this correction is made.

UNREGISTERED PHYSICIANS.—Scarcely more than one-half of the 1400 physicians of this city have as yet visited the office of the prothonotary and registered, as required by the act of Assembly, which went into effect last June. The penalty for neglecting to register is \$100, but, as there is no limit to the time allowed for this duty to be performed, it will not be an easy matter to secure many fines. The disadvantage, however, from not complying with this statute is that a physician not registered is not recognized by law, and could not enter suit for his professional services.

A NEW WAY TO GRADUATE IN MEDICINE.—The Medical Registration

Law recently enacted in this State, declares (Section 2), that "Every person who shall practice medicine or surgery, or any of the branches of medicine or surgery for gain, or shall receive or accept for his or her services as a practitioner of medicine or surgery, any fee or reward, directly or indirectly, shall be a graduate of a legally chartered medical college or university, having authority to confer the degree of doctor of medicine," etc.

This beats Buchanan's mill "out of sight." Instead of paying over to a "dean," a large amount of money, earned, perhaps, by hard labor at shoemaking or hod carrying, the "candidate" has but to "practice" on somebody, and "accept for his services, any fee or reward," when, presto! he becomes at once "a graduate of a legally chartered medical college or university,"—declared so by law, too. Moreover, as soon as he becomes a "graduate," he has "authority to confer the degree of Doctor of Medicine," a privilege that Buchanan never dreamed of conferring on *his* graduates. The legislature could scarcely have hit upon a more effective method of crushing out bogus colleges, and as for the other schools, they might as well close their doors. No more poring over musty books, no more squirming on hard benches, no more delving in dissecting rooms and laboratories. Nowadays the way to study medicine is to practice, pocket a fee, and the thing is done.

It is suggested to us that we may have misunderstood the meaning of the legal phraseology above quoted. Well, perhaps so; we never did profess to be able to understand "legal phraseology." Like the old Scotch woman, who was asked if she understood what her very learned minister was preaching about, we "wouldn't hae the presumption!" But it might, perhaps, improve matters somewhat if our legislators would only learn their grammar and rhetoric from the same books as those used by common folks.

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## New Publications.

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CYCLOPEDIA OF THE PRACTICE OF MEDICINE; SUPPLEMENT. Ziems-sen. Published by William Wood & Co.

The object of this volume is to remove from the Cyclopædia "the few traces of time that the last few years have produced," and so to bring its articles up to the latest investigations in medicine.

There are twenty-nine contributors to the book, including such names as Lefferts, Cohen, Foster, and Putzel. The book gives supplemental information to nearly all the subjects considered in the preceding seventeen volumes. And so far as we have had time to examine we are well content with the additions, both as to quantity and quality. F.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA AND ALL OTHER LOOSE EVACUATIONS OF THE BOWELS. Second edition. By Drs. Bell and Laird. Published by Bœricke & Tafel, 1881.

More than ten years ago Dr. Bell issued a monograph on diarrhœa and kindred affections, which met with almost universal favor, and won for him a deserved and lasting reputation.

The rapid growth of our materia medica, together with a steady increase in demand for books, soon rendered a second edition necessary. But Dr. Bell's extensive practice claimed his whole time and energy, so that year



after year passed without the expected new edition. A few months ago Dr. W. T. Laird, successor to Dr. Bell, in Augusta, Me., was induced to undertake the work of revision. With characteristic energy he pushed forward his work to speedy completion, and now we have the fruits of his labor, just at a time when we need all such assistance in treating ailments incident to midsummer heat.

The second edition contains an increase of one hundred pages over the first, with thirty-two added remedies and numerous corrections and remodellings of old remedies. The repertory has been enlarged and remodelled, the whole credit of which Dr. Bell yields in favor of the associate editor.

Dr. T. M. Dillingham, a former partner of Dr. Bell, made a partial revision of the book, but went abroad before its completion. An important change in this edition is the printing of well-trying symptoms in italics and black type. So much skill and care have been bestowed upon this book that it commends itself to every practitioner as a trustworthy, practical, and altogether indispensable aid in his difficult task of healing the sick. F.

GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By C. Hering, M.D. Vol. iii. Edited by Drs. Raue, Knerr, and Mohr. Published by the American Homeopathic Publication Society, Philadelphia, 1881.

"No, it will never come out; our money is wasted on an unfinished work." In substance this has been the talk ever since the decease of Dr. Hering. But he who was so painstaking in his favorite study, was thoughtful enough to prepare for the possibility, we may say, probability, of death overtaking him, before he should have completed the crowning labor of his professional life.

Drs. Mohr and Knerr knew his handwriting, were perfectly familiar with his unique mode of preparing MSS. for printing, and hence became competent parties to carry out his designs. Added to these, was Dr. Hering's old and tried friend, Dr. C. Raue, in the labor.

By dint of hard work, they have succeeded in preparing Vol. III. Other volumes will promptly follow, so there need be no fear but that the promised work will be completed.

The volume before us contains Bryonia and the rest of the "B's" with the "C's" to Chamomilla, inclusive.

The book looks just like its predecessors, and why shouldn't it? It is shaped by the same hands, and its material is drawn from the same source.

Whatever criticism, then, we made for the former volumes applies equally to this. Omissions are apparently few; but why was Phosphorus not mentioned as a relative of Bisulphide of carbon? It is an attested antidote. See Allen, Vol. X.

There is one objection we have to the entire issue thus far, which we feel constrained to mention. We mean the too frequent repetition and duplication of symptoms which are identical, or differ but slightly.

To illustrate, let us take the mental symptoms of Bryonia. There are

eighty lines under this heading. Now, without the sacrifice of a single fact and without detracting from the clearness or perspicuity of a single symptom, we can abridge this chapter to fifty lines. A proportionate shrinkage throughout the book would give its readers one-third more material in the same space, and bring the work within an acceptable number of volumes. Let our indefatigable condenser, who has squeezed the literature of six years into a comparatively few pages, as set forth in his *Annual Record*, 1870 to 1875, apply his press here, and the success of the *Guiding Symptoms* will be greatly enhanced. F.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M.D., Surgeon-General United States Army (retired list); Professor of Diseases of the Mind and Nervous System, in the Medical Department of the University of the City of New York; member of the American Neurological Association, etc. With one hundred and twelve illustrations. Seventh edition, rewritten, enlarged, and improved. New York. D. Appleton & Company, 1, 3, and 5 Bond Street. 1881. Octavo, pp. 930.

The occasion for issuing this seventh edition of Hammond's work on the Nervous System, was the fact that the sixth edition, which was issued five years ago, was out of print. Besides, the rapid advances in neurological science during those five years, has necessitated a careful and thorough revision of the work. Some most important additions have been made to it. Cerebral congestion is more thoroughly treated of than in the earlier editions, there being some thirty-eight pages devoted to the subject. A new chapter is introduced on the subject of myxœdema; also chapters on syphilis as affecting various parts of the nervous system,—a department in which most remarkable advances are being made. A section has also been added on the pathology of the cervical, thoracic, and abdominal sympathetic. The chapters on insanity are omitted, because of the fact that the author proposes to treat of this subject in a separate volume, which is now in course of preparation, and will shortly be issued. This was a wise determination, since it was utterly impossible to do even moderate justice to such a department without nearly or quite doubling the size of the book, and making it unwieldy. The work is concise,—containing much less of theoretic speculation than one might expect to find in it,—yet full enough to make it reliable as a textbook, and as a work of reference to the practitioner. Its popularity is sufficiently shown by the sale of six editions in ten years. D.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY. Authors and Subjects. Vol.ii. Berlios-Cholas. Washington. Government Printing Office. 1881. Royal 8vo., pp. 990.

It is but a few months ago that vol. i. of this immense work was issued, yet notwithstanding the speed with which the work is being carried on, the clerical portion seems to be well done. We cannot speak so favorably, however, of the mechanical execution, and particularly of the paper and binding,

the first being much lighter, and the second less substantial than on the preceding volume. This volume contains 100 more pages than its predecessor, yet it is fully one-half inch less in thickness. The volume, as we learn from the preface, includes 12,459 author-titles, representing 4934 volumes, and 9810 pamphlets. It also includes 11,550 subject-titles of separate books and pamphlets, and 37,310 titles of articles in periodicals. D.

**MATERIA MEDICA AND THERAPEUTICS;** Arranged upon a Physiological and Pathological Basis. By Charles J. Hempel, M.D. Vol. II. 3d edition. Revised by the author and by H. R. Arndt, M.D. W. A. Chatterton, Publisher. Chicago, 1880.

In the August issue of the *HAHNEMANNIAN* we had the pleasure of reviewing vol. i., of this book; and now, through the courtesy of the publisher, we have been able to peruse vol. ii.

The book before us treats of 138 remedies, from Colocynth to Zinc.

As the same plan is pursued that was employed in the first volume, our remarks thereon apply equally here.

The completed work belongs along with Burt's *Physiological Materia Medica*, Hale's *New Remedies*, vol. ii., and, probably, Hughes's *Pharmacodynamics*. And, like these, it is useful and highly instructive, if we remember the advice, which we quote from the preface, written, we suppose, by Dr. Arndt: "To make the best use" (and we may add, parenthetically, only successful use) "of this edition, it should be read side by side with a *reliable work on symptomatology*." F.

1. **CLINICAL LECTURES ON THE DISEASES OF OLD AGE.** By Charcot and Loomis.
2. **DISEASES OF THE BLADDER.** By W. J. Coulson, F.R.C.S. Wood's Library, June and July issues, 1881.

1. Is not the name Charcot a sufficient guarantee that these lectures are original and thorough? They embrace a review of senile pathology, fevers, nodular rheumatism, gout, progressive articular rheumatism, clinical thermometry, senile pneumonia, asthma, atheroma, fatty heart, apoplexy, diseased prostate, etc.

Old people are more amenable to medicine than is generally admitted; but since their diseases are obscure and need a well-read and careful physician, the book under review is greatly needed.

2. Affections of the bladder and its troublesome neighbor, the prostate, are among the most painful and distressing of diseases. Dr. Coulson handles his subject with a skill which is born only of practice.

Beginning with the general anatomy and physiology of the bladder, he proceeds to the study of inflammation, irritability, abnormalities, hernia of bladder, wounds, tumors, fistulæ, neuralgia, atony, paralysis, variations in quantity, quality, and passage of urine, stone, lithotrity, litholapaxy, lithotomy, etc.

Especial attention is paid to the wonderful invention of Professor Bigelow, by means of which stone may be rapidly removed without the use of



the knife. This important topic of urinary calculi occupies one hundred and sixty-two pages. F.

**DECLINE OF MANHOOD;** Its Causes and the best means of Preventing their Effects, and bringing about a Restoration to Health. By A. E. Small, A.M., M.D. Second edition. Duncan Brothers, Chicago, 1881.

This brochure is an able description of the causes and treatment of sexual debility.

The plan of the book is simple, its language well chosen, plain and pointed, and the treatment varied and explicit.

The impression one gets from its perusal is that the author speaks from personal observation. This is especially observable in the treatment given.

We do not like to be hypercritical, but we cannot help objecting to the clumsy wording of that portion of the title following the words "Decline of Manhood." F.

## Gleanings.

**NERVE-STRETCHING** has been successfully employed in relief of the atrocious pains of locomotor ataxia.

**DRY DRESSING**, the using, for instance, of antiseptic absorbent cotton pads, is earnestly advocated in the treatment of wounds. Mr. S. Gamgee, *et al.*, *Med. Rec.*, report of the International Medical Congress.

**THE ANTENNÆ OF INSECTS** are regarded by Hauser as organs of smell, analogous to the olfactory bulbs in man. In approaching turpentine, etc., many insects stop and begin to retreat, moving their antennæ actively. But if these delicate organs are cut off, the insects proceed unprotected, seemingly insensible to odors.—*Pop. Science Monthly*, May, 1881.

**MILK-INDIGESTION IN YOUNG CHILDREN.**—The chief obstacle to the digestion of cow's milk by young babies is the firmness of the clot formed by its coagulated curd. Mere dilution with water does not affect this property. Under the influence of the gastric juices the casein runs together into a solid dense lump. To obviate this difficulty, we must either separate the particles of curd, by adding barley-water or gelatin to the milk, so that the casein may be forced to coagulate in a multitude of little clots; or we must partially neutralize the gastric juice by the addition of lime-water.—*The Medical Gazette*.

**CELERINA IN IMPOTENCY AND NOCTURNAL EMISSIONS.**—An enthusiastic correspondent of the *New York Medical and Surgical Journal* says: "I am charmed with the effects of Celerina in nervous and sexual debility. It is simply the most efficient nerve tonic in the *Materia Medica*. I have treated several cases of impotency that had sorely tried my patients, with complete success under the use of Celerina in teaspoonful doses, four times a day. I can say from experience that the following combination will give perfect satisfaction in the treatment of nocturnal emissions: *R.* Celerina, 3 ounces; Bromidia, 1 ounce. Mix, and take a teaspoonful three times a day in water or syrup. This will stop the emissions, strengthen the sexual organs, and build up the nervous system at the same time."

But he forgets to tell us how much of this result is due to the Celerina, how much to the Bromidia, and how much to the resultants of chemical reactions occurring between the two.—*EDS. HAHNEMANNIAN MONTHLY.*

THE LOCALIZATION OF BULLETS BY THE INDUCTION-BALANCE.—The following description of the Induction-balance and its application to the determination of the position of the bullet in the person of President Garfield, is from the Paris correspondent of the *London Standard*. It is the most lucid description we have met with, and we therefore copy it for the information of our readers. The writer says:

The determination of the position of the bullet in the person of President Garfield is another instance of the capability as well as the perfection of modern science. It has been accomplished by a very ingenious and at the same time simple application of the induction-balance of Professor Hughes and the Bell telephone. The sound of any musical instrument, it is well known, is conveyed to perfection through the telephone, by reason that the rapid intermittances of the current produce equally rapid vibrations of the metal receiver, which thus sets up sonorous vibrations in the air identical with those of the original sound. It is also well known that if a second coil be placed near a primary coil through which an electrical current is passing, an induced current will be set up in it. If two coils, then, be put at some little distance apart, and to one of the two wires connecting them there be attached a telephone, and if near to these is placed another pair of coils, in one of the connecting wires of which there be inserted a rheotone for making a musical intermittent current, and this lower pair of coils be connected to a battery, there will be a continuous note heard in the telephone. If one of these coils be inverted, or the connecting wires be crossed, there will be currents passing from each pair of coils in opposite directions. So soon, however, as the force of each current is adjusted, which can be done by a screw attached to one terminal set of the coils, whereby their relative position in regard to each other can be altered, the note will cease, and silence will be obtained. This condition of equal tension constitutes the induction-balance. If now an extraneous piece of metal be brought near to either set of terminal coils induction will be again set up, and the note will be heard in the telephone. As the inductive effect is increased by proximity, the note in the telephone becomes louder, and fainter with the recession of the object. The application to surgical purposes consists in securing one set of terminal coils together with an insulating plate between them, and connecting this set by long wires to the rest of the instrument. This couple can then be moved freely over the person of the patient, and as it approaches the seat of the bullet in the wound the equality of the opposing currents of the induction-balance is disturbed, and the signifying note goes on in the telephone, and continues to increase up to the nearest possible contiguity between the couple and the bullet. The intervening distance, or thickness of flesh, can then be measured off on a mechanical scale of the varying intensities of the telephone note. This intervening distance can be further checked by taking a corresponding bullet and operating with it upon the other or fixed couple of terminal coils. As the duplicate bullet approaches the upper of these coils its inductive action becomes the greater, and starting from zero as it comes within the radius of induction, its increasing influence gradually matches the disturbance of the bullet upon the free couple, and the note in the telephone ceases. Another basis of measurement is thus found, which gives results corresponding exactly with the first. If the two masses of metal were unequal in bulk, or different in weight or kind, the estimation of the distance of the one could still be made by calculation, so that unknown conditions can be resolved if needful.

This adaptation of the telephone induction-balance does for surgery what the stethoscope has long done for diseases of the lungs; and the value of the adaptation is that the bullet can be sounded for instead of being probed for. Probing is not only uncertain, as well as painful, but when a wound

has partially healed it is dangerous. The new mode determines the exact location without a single danger or disadvantage.

**THE SEWAGE FARM AT BEDDINGTON.**—During the sessions of the International Medical Congress recently held in London, a number of the physicians present, English and foreign, paid a visit, on the invitation of Dr. Alfred Carpenter, to the Sewage Farm at Beddington, on which, for the last twenty-one years, there has been going on a practical demonstration that town sewage may be applied to the land innocuously. Compelled by an injunction originally to divert their sewage from the River Wandle, the Croydon Board of Health had no option but to commence this practical mode of disposing of a product that before was an injury and a nuisance to themselves and their neighbors. The sewage of 63,000 persons is now conveyed to a farm, which has recently been purchased at a building land value by the local board, and they would be able to show that this method of utilizing sewage is commercially profitable. The farm is 560 acres of light soil on a gravel subsoil, and of this, 460 acres have been constantly under irrigation, producing good crops, mainly of rye grass, much of which is sold. The production of grass and roots indicates that four bullocks per acre can be fed fit for the butcher without any imported materials. The visitors were shown the sewage running on to the land, saw for themselves the heavy crops of grass, the third and even the fourth cuttings during the present year, and going over the extent of the farm saw the effluent water running off towards the Wandle in a clear brook in which plenty of fish were visible. Carefully prepared vital statistics for Croydon and Beddington were submitted to show the beneficial effect on the health of the former place of the continual removal of sewage matter, and of the absence of any ill-effect of the farm operations on the health of those living around. Experts will appreciate this on being told that the zymotic deaths in Croydon are 2.79 per 1000, from Beddington only 2 per 1000. The most striking proof, however, is furnished by the health of the Female Orphan Asylum at Beddington, which is bounded on one side by fields over which sewage is constantly running, where, out of an average of 160 girls, the deaths have been eight in nine years, and the death-rate of the district is fourteen in the thousand. The visitors were entertained at luncheon in the old hall of this institution, and were much impressed by the strikingly healthy appearance of the girls, whose sanitary condition was vouched by Dr. Cressy, the medical officer. The foreign visitors were loud in their expressions of satisfaction at all they saw.—*London Standard.*

**QUARANTINING AGAINST SMALL-POX.**—The State Board of Health of Illinois called a conference of delegates from State and Municipal Boards of Health to meet in Chicago, June 29th, to consider and adopt measures for the united action of health authorities to prevent the introduction of small-pox into the United States, and its spread from one State into another. Delegates were in attendance from the State Boards of Illinois, Michigan, Iowa, Wisconsin, Indiana, Minnesota, Maryland, and New York, from the National Board of Health, and from the municipal boards of Chicago, Milwaukee, Buffalo, and Baltimore. The conference lasted two days, and, after adopting a careful report, closed its proceedings with the following resolutions:

"Resolved, 1. That small-pox is very prevalent in European ports at which emigrants embark for the United States, and, owing to the customary delay of the emigrants at these ports, unprotected persons are liable to, and frequently do, become infected with that disease.

"2. That vast numbers of emigrants are unprotected against small-pox infection, and hence contract the disease just before embarking for the voyage.

"3. That ocean transit is now so rapid that a person becoming infected



with the small-pox poison may, and often does, reach the ports of the United States, and, even by rapid railroad travel, may locate in Western towns before the disease becomes apparent in the individual.

"4. That outbreaks of small-pox in many parts of the United States, and the liability to a wide and constant dissemination of the contagious and infectious material of that disease by means of the immense number of unprotected immigrants who daily land at our ports and immediately proceed to inland districts by railroad, demands the most energetic measures of health authorities to control the spread of this pestilence, and to exterminate it wherever it makes its appearance in any community.

"5. That to accomplish this desirable object there should be concert of action among the several sanitary organizations of the country, viz., National, State, and Municipal, and each in its own sphere should use its utmost power to stamp out this disease.

"6. That, with a view to give practical effect to the objects of this conference, we recommend:

"(A.) That Congress incorporate into the law regulating immigration a provision requiring protection from small-pox by successful vaccination of all immigrants.

"(B.) That the National Board of Health is requested to consider (in accordance with an act to prevent the introduction of contagious or infectious diseases into the United States, approved June 2d, 1879) the propriety of making, promulgating, and enforcing rules requiring the inspection at the port of departure of immigrants into this country, and the vaccination or revaccination of every emigrant who, upon such inspection, is found unprotected from small-pox. Or, failing in any case or for any cause to secure such vaccination or revaccination, to prevent such unprotected persons as may have come from or through any infected district from taking passage on any ship destined for this country during the period of the incubation of the disease, until such time shall have elapsed as shall make it certain that they are not carrying the germs of small-pox in their own persons.

"(C.) That notification be sent to the various steamship companies bringing immigrants to the United States, that unless satisfactory evidence of recent vaccination be furnished (by certificate or otherwise) in the case of each immigrant arriving at any port of the United States, such vessels should be quarantined for a sufficient time to insure the development of all undeveloped cases of small-pox, as well as for the discovery, if possible, of concealed existing cases which have developed during the voyage.

"(D.) That local health authorities should as far as practicable cause a thorough inspection of immigrants at all distributing points and the detention at such points of all suffering from small-pox, and also the vaccination by the local authorities, if needed, of all immigrants who arrive at their destination.

"(E.) That to meet present emergencies the National Board of Health, by virtue of its power to prevent the introduction of contagious and infectious diseases into the United States and their spread from one State into another, take such measures as will secure the inspection of every immigrant before landing at the ports of the United States, and of the vaccination of all persons not protected.

"(F.) That a committee consisting of one from each State and local board represented be appointed, whose duty it shall be to take such measures as may be found necessary to accomplish the objects of these resolutions."

**ETHER DEATH.**—The *Philadelphia Medical Times* recently contained an article by John B. Roberts, M.D., recounting particulars of four deaths occurring under his own observation, three of them under Sulphuric ether, and the fourth under Bromide of ether. The first case was of a woman, æt. twenty-six years, affected with a year-old fibrous ankylosis of the right knee and

hip occurring subsequently to arthritis, considered by her physician to be rheumatic in character. She had been previously treated for chronic uterine disease, rheumatism, cardiac palpitation, and nervous prostration. She had often taken ether previously, yet when brought into the operating-room she was frightened and nervous, a condition evidently due to the boisterous conduct of a sailor, who was just recovering from anæsthesia. Heart's action was rapid and tumultuous, and Dr. Roberts on a careful auscultation thought he detected an indistinct murmur, but "nothing sufficient to contraindicate anæsthesia." The patient took Squibb's ether slowly from a couple of towels. She did not at first breathe very deeply, but in a short time passed into a condition of anæsthesia, without the least struggling. The adhesions were rapidly broken up, and an extensive apparatus of adhesive plaster applied. The etherization, operation and dressing had consumed but about half an hour. There was no vomiting. It was now observed that the pulse at the wrist was feeble and 180-200 per minute, while the respirations were perfectly quiet and regular and numbered about 22. Tincture of Digitalis and whiskey were promptly administered hypodermically, and the latter drug was also given per rectum. There was little or no response to these procedures, and the Digitalis was repeated at brief intervals, with Atropia sulph., and an enema of hot strong coffee. The Faradic battery was applied, but only briefly, as the respiration continued comparatively unaffected. The patient continued to sink gradually, and died about an hour after the completion of the operation, without having shown signs of returning consciousness. She had taken only about three and a half fluid ounces of Ether. The autopsy showed a small amount of pleural and no pericardial effusion. The heart-cavities contained fluid-blood, and neither ventricle was firmly contracted. The auricles were slightly dilated, the left thickened. The right ventricular wall was thickened, and its cavity dilated. The coronary veins were filled, and two spots of ecchymosis were visible on the surface of the heart. The cardiac muscle was much softened. The auriculo-ventricular orifices were dilated, and the mitral leaflets showed one or two patches of thickening. A small fenestra was found in one leaflet of the aortic valve, and the oval fossa presented an oblique opening large enough to allow the passage of an ordinary wooden lead-pencil. The lungs exhibited some congestion, but no œdema. Left kidney congested, its capsule adherent, surface slightly granular, its pyramidal portion showing areas of softening, from which drops of mucoid material could be pressed. Right kidney same as left, and softened. Bladder empty, hence no analysis of urine could be obtained. Under the microscope the heart-muscle presented evidences of granular and fatty degeneration, and none of the fibres showed normal striation. On teasing out the fibres large numbers of oil-drops were liberated. The kidneys showed nuclear proliferation around and within the Malpighian capsules, and the intertubular tissue was slightly swollen. The liver-cells showed fatty degeneration, but no fatty infiltration was apparent.

The editor of the *Times*, commenting on the above case, says: "We are impressed with the marvellous safety that attends even their careless use, provided only that the most innocuous among them are selected. The dangers which surround Chloroform have been too frequently written about, and have been too often and too tragically exemplified to need further comment. He who still persists in the habitual employment of Chloroform, seems to us beyond the reach of argument, or human speech. We let him alone. . . . The symptoms during the last hour of Dr. Roberts's case are very interesting and instructive. Contrast them with scenes so often witnessed in the practice of Chloroform anæsthesia. A cry from the surgeon giving the agent, or from a bystander, announces that the pulse has suddenly failed, or the well-known peculiar pallor has in an instant spread like a death-cloud over the face of the victim; the rush, the struggle, the quick return to life, or the plunge into death. In Dr. Roberts's case, a slow

failure of the pulse, a gradual sinking into the grave, a whole hour of doubt. . . . Every man who dies during anaesthesia does not necessarily die from the anaesthetic. It is certainly possible for an anaesthetized patient to die from hemorrhage; it is equally certain that patients, not anaesthetized, have died under the knife from shock, and there is no proof that anaesthesia abolishes shock. . . . The lesson we would draw from the facts brought forward by Dr. Roberts is, not to be afraid of Ether, nor to allow pain to reduce vital power."

**THE CHLORAL HABIT.**—In a short article, entitled "Habits," in the August number of the *New York Medical Journal and Obstetrical Review*, Dr. H. H. Kane states that he has recently met with two cases of Chloral taking that had undoubtedly become a habit, and refers to Dr. B. W. Richardson's work, *Diseases of Modern Life*, in support of the proposition that there is such a thing as a chloral habit, in regard to which it seems some of Dr. Kane's reviewers have expressed themselves as skeptical. The word *habit*, he remarks, does not express the matter either fully or clearly, and, instead of attempting to define it, as used in this sense, he proceeds to describe its subjects. Of those people who are addicted to the continued use of Morphia and Chloral, he remarks, there are two classes, the division resting upon the manner in which the drug was first used. In the one class there is a morbid appetite that may be fed upon excitement, Alcohol, Absinthe, Quinine, Hasheesh, Bromide of potassium, Chloral, or Opium. It may have for its object anything, and will be classed according to that upon which the appetite becomes most fully fixed. Given a person with such morbid propensities, and let him, either of his own free-will or through the agency of another person, begin to use any drug of this class, and he will fix upon that drug in nine cases out of ten, and become an habitual user of it. Once habituated to its use, the entire nervous system rebels at its withdrawal, and the victim to his own morbid appetite continues to use the stimulant or sedative, as the case may be, not because the satisfaction first experienced continues, but because any attempt to do without the agent produces such distressing symptoms that the weak-willed patient is compelled to resort to that which he, at one and the same time, loves and hates. In the other class there is no morbid craving for any form of stimulant or narcotic, but the long-continued use of the drug, usually for the relief of pain, produces a systemic state analogous to that existing in the first class before the drug was taken. In the one the drug ministers to a morbid craving already existing; in the other it establishes a necessity for continuing its use. The objection to the term "craving" in this connection is that it implies a longing for something that is expected to give pleasure, whereas to the majority of *habitues* pleasure becomes a meaningless word after a short time, and "inability to do without" takes its place. It is really an hereditary or acquired involuntary tendency, that through accident or design becomes fixed upon a certain stimulant or narcotic, that develops, increases and perpetuates the tendency.

## News, Etc.

**REMOVALS.**—PROFESSOR B. FRANK BETTS, M.D., has removed from No. 1700 to No. 1609, Girard Avenue, Philadelphia.

J. NICHOLAS MITCHELL, M.D., has removed from No. 1733 Chestnut Street, to No. 1222 Walnut Street, Philadelphia.

W. H. WINSLOW, M.D., of Pittsburg, is in Europe. During his sojourn beyond the ocean he proposes to overhaul the eye, ear, and throat practice



in the hospitals of Dublin and Edinburgh. He hopes to return about October 1st. The HAHNEMANNIAN wishes its old friend and editor a pleasant voyage.

CONFIRMATION OF PROVINGS.—The following is self-explanatory :

PHILADELPHIA, August 15th, 1881.

DEAR DOCTOR: Will you be good enough to inform me of any and every produced symptom, not marked *verified* in *Allen's Encyclopædia of Pure Materia Medica*, that you have verified in practice, and how often. A statement of the concomitant symptoms, as well as of the pathology of cases, is very desirable. The information thus obtained I purpose making use of in a paper to be submitted by the Bureau of Materia Medica of the Homœopathic Medical Society of the State of Pennsylvania, at its annual session, to convene at West Chester, September 20th. An early answer will be expected, and any contribution you may be able to make will receive due acknowledgment in the report.

Yours fraternally,

C. MOHR, Chairman,  
555 North Sixteenth Street.

HEALTH RESORTS OF AMERICA.—A paper on this subject will be presented at the coming meeting of the Pennsylvania State Homœopathic Medical Society, by the Allegheny County Society. The paper, we understand, will specially consider the applicability of mountain, seaside, and other atmospheres to various diseased conditions. It is a subject upon which practical information is urgently needed, and we hope that every physician who attends the meeting will come prepared to give his personal observations in relation to it. It ought to be the most valuable discussion of the session.

ABOUT COW-POX VIRUS.—Dr. J. Pettet, of Cleveland, Ohio, the well-known propagator of non-humanized cow-pox virus, informs us that he now furnishes ten points of XX virus for one dollar instead of five as heretofore, and five XXX points for one dollar. The X virus is only furnished in large lots by special order. We have used Dr. Pettet's virus, and can recommend it to the profession as having no superior. Our readers who have not tested it will do well to give it an early trial. See advertisement.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—This college is preparing for its thirty-fourth annual course of lectures, and expects to welcome, as usual, a large class of students from all parts of the country. The preliminary lectures will begin on Monday morning, September 26th, and the regular lectures one week later. None of the professors make any provision for late comers, but each takes up his work in earnest at his very first lecture. Hence the faculty desires that every student should be present at the opening of the regular course.

The Introductory to the Regular Course will be delivered in the lower lecture-room, on Monday evening, October 3d, at eight o'clock, by Professor Pemberton Dudley, M.D. Subject: "The Medicine of the Future." To this lecture a cordial invitation is extended to all medical students and physicians. Those wishing special information, should write to Professor A. R. Thomas, M.D., the Dean of the College, 1733 Chestnut Street, Philadelphia.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—This Society will hold its thirtieth semi-annual session in the court-house, Watkins, New York, near Watkins Glen, on Tuesday and Wednesday, September 6th and 7th. An attractive "program" has been prepared, aside from the solid work of the convention. Among the good things we may mention a steamboat excursion on Seneca Lake, free admission to Watkins Glen, Havana Glen, Captain Hope's Art Gallery; also, special terms at

Glen Park Hotel, and over the New York Central and Hudson River Railroads. Some thirty papers are already announced as follows:

- "Idiosyncrasies," by F. W. Hartwell, M.D., Rochester, N. Y.
- "Ozone," by H. M. Paine, M.D., Albany, N. Y.
- "My Favorite Attenuation," by H. M. Dayfoot, M.D., Mount Morris, N. Y.
- "The Relative Therapeutics of the same Remedy in High and Low Attenuations," by T. L. Brown, M.D., Binghamton, N. Y.
- "Hepar Sulphur in Bronchocele," by A. R. Wright, M.D., Buffalo, N. Y.
- "Clinical Cases," by L. M. Kenyon, M.D., Buffalo, N. Y.
- "Some Cases of Malaria," by C. M. Conant, M.D., Middletown, N. Y.
- "Urethral Caruncle complicated with Cystitis—a Case," by R. S. Bishop, M.D., Medina, N. Y.
- "Clinical Cases," by B. F. Williamson, M.D., Plattsburgh, N. Y.
- "Phthisis Cerebri," by S. Lilienthal, M.D., New York.
- "Origin of Nervous Diseases," by T. L. Brown, M.D., Binghamton, N. Y.
- "Pathology of ex-Ophthalmic Goitre," by Asa S. Couch, M.D., Fredonia, N. Y.
- "Chamomilla; the Nervous Symptoms Calling for its Use," by J. Martin Kershaw, M.D., St. Louis, Mo.
- "How to Send a Patient to an Asylum," by C. Spencer Kinney, M.D., Middletown.
- "When to Send a Patient to an Asylum," by W. M. Butler, M.D., Middletown, N. Y.
- "A Positive Sign of Improvement in Chronic Illness," by Walter Y. Cowl, M.D., New York.
- "Congenital Dislocation of the Hip," by H. C. Frost, M.D., Buffalo, N. Y.
- "Treatment of Hopeless Ear Disease," by H. C. Houghton, M.D., New York.
- "Chronic Suppurative Otitis; Media-Caries; Suppuration of the Mastoid; Cerebral Abscess, and Death," by N. B. Covert, M.D., Geneva, N. Y.
- "On the Use of Carbolic Acid in Diseases of the Eye," by George S. Norton, M.D., New York.
- "Sliver Symptoms of Silicia and Hepar Sulphur," by O. P. Barden, M.D., Tioga, Pa.
- "Chronic Cystitis," by F. W. Adriance, M.D., Watkins, N. Y.
- "Epidemic Jaundice," by Alexander V. Stobbs, M.D., Mecklenburg, N. Y.
- "Theories of Diabetes," by A. M. Gammon, M.D., Corning, N. Y.
- "Prolapsus Uteri," by Mrs. J. G. Brinkman, M.D., New York.
- "Our Pædological Clinic," by C. M. Conant, M.D., Middletown, N. Y.
- "Difference, Diagnosis, and Duration of Syphilis," by W. E. A. Gorton, M.D., Corning, N. Y.
- "Trillium in Menorrhagia," by A. R. Wright, M.D., Buffalo, N. Y.
- "Clinical Medicine," by O. P. Barden, M.D., Tioga, Pa.
- "A Biographical Sketch of the late B. F. Cornell, M.D.," by A. W. Holden, M.D., Glen's Falls, N. Y.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.—In our August number we announced the seventeenth annual session of this society at West Chester, on Tuesday, Wednesday, and Thursday, September 20th, 21st, and 22d. At the hazard of repeating some things which we said then, we copy the following from the circular issued by the secretaries:

West Chester, the place in which the meeting is to be held, is a town of about 8000 inhabitants. It is the county seat of Chester County, one of the most beautiful and fertile sections of the State, and is surrounded by many points of interest, made famous by the scenes of the Revolution.

Arrangements have been made with the Misses Kenny, the proprietors of the Turk's Head Hotel, to entertain the members of the society, their families and visitors, at two dollars (\$2) per day. The sessions of the society will be held in the hotel parlor.

A banquet will be given the society, by the proprietors of the hotel, at the close of the session.

No special railroad rates have been obtained. Passengers from the western part of the State, via Pennsylvania Railroad, can change cars at Fraser Station. Those from Philadelphia can go by the Pennsylvania Railroad from the depot at Thirty-second and Market streets, or by the West Chester and Philadelphia Railroad from the depot at Thirty-first and Chestnut streets. Trains leave either depot at almost any hour of the day.

According to a resolution adopted at the last session, the time of meeting has been extended to three days, so that there will now be ample time to read and discuss all papers that may be presented. It is extremely desirable that every member should feel his obligation to do his part in maintaining the interest in this organization by being present at the meeting, or, if this is not practicable, by sending a paper on some medical subject. The last session of the society was one of the most successful in its history, and it is hoped that the seventeenth session will not be lacking in interest and profit. Physicians unable to attend the meeting will please forward their reports and papers to the chairman of the appropriate bureau, or to the corresponding secretary. Let each member use his best effort to obtain new members and bring our society up, in numbers, to the position it should occupy.

A special invitation is extended to the homœopathic practitioners of the State, not already members, to be present at the meeting.

The necrologist requests to be notified of the decease of members, and to be furnished with such information relative to them as will assist him in preparing his report.

Unfinished reports or papers will not be received by the society, and no report or paper, referred to the Committee of Publication, shall pass out of its custody, except as may be ordered by the society.—(By-laws, section 8.)

Z. T. MILLER, M.D.,

Recording Secretary,  
1729 Carson Street, Pittsburg.

R. E. CARUTHERS, M.D.,

Corresponding Secretary,  
107 Arch Street, Allegheny City.

**SPECIMENS OF MORBID ANATOMY.**—It has been suggested that members of the Philadelphia County Homœopathic Medical Society should send to the Bureau of Anatomy, Physiology and Pathology, any pathological specimens they may obtain, for exhibition at the meetings and for preservation in the College Museum. The donor in each case is requested to present with his specimen a verbal or written report of the case. If specimens requiring microscopic examinations be covered with alcohol and forwarded to Dr. W. C. Goodno, No. 4003 Chestnut Street, a careful report will be presented by him at the next society meeting. Members and others are urged to give this matter their favorable attention.

**DECEASED.**—OSTRANDER.—August 23d, 1881, at his residence, West Pittston, Pa., W. McI. Ostrander, M.D.

**PRESTON.**—August 9th, 1881, at his residence, Wilmington, Del., Coates Preston, M.D.

Dr. Preston resided for many years at Chester, Pa., where he enjoyed a large practice, and was widely known. He was an active member and formerly President of the Society of Chester, Delaware, and Montgomery counties. He was also a valuable member of the Pennsylvania State Medical Society, having assisted at its organization in 1866. He was an earnest and enthusiastic disciple of Hahnemann, a hard-working, conscientious practitioner, and was held in the highest esteem in every relation of life. His death is a loss to his profession and the community.

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# HAHNEMANNIAN MONTHLY.

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## Original Department.

### STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

#### ANIMAL KINGDOM.

(Continued from page 522.)

#### CANTHARIS (*continued*).

URINARY ORGANS.—Inflammation and ulceration of the uropoëtic organs.

*Kidneys*: dull pressing; pains, with urging to urinate; sensitive to least touch; with paroxysms of cutting and burning. These latter often alternate with pain at the end of the penis. Post-scarlatinal nephritis, with impending uræmia (see other parts).

Aching pains across the loins, tearing into testicles. Cutting and contracting pains from the ureters down towards the penis; at times passing from without inwards; pressure on the glans relieves.

*Bladder*: so irritable can bear but a spoonful or so of urine in the bladder without urging to urinate.

Violent cystic pains, with intolerable tenesmus and urging, extorting screams.

Cystitis with vomiting, fever, anguish, restlessness, etc. Burning cutting in the neck of the bladder, extending to the fossa navicularis.

Excessive tenesmus of bladder and rectum.

Pain in the perinæum, seemingly from the neck of the bladder. Gangrene of the lining membrane of the bladder. Continued urging to urinate, the urine passing only in drops, with unbearable burning, sticking, and tenesmus.

On urinating, cutting as with knives.

Before, during, and after urinating, cutting pains, forcing him to scream out and to bend double. Urging, with passage

only of hot, scalding drops, or of drops of blood; sometimes with dribbling of urine or urine and blood.

Urging, with strangury and ischuria.

Urging, less sitting, more standing, most walking.

Frequent, painful urination, preceded by pain in the glans.

*Urine*: bloody; blood-mixed; blood and mucus; turbid, scanty; cloudy, meal-like, with white sediment, which adheres to the vessel.

Urine contains albumen, membranous pieces, which are rolled up, organized lymph, epithelial cells, etc.

Urinary sediment looking like old mortar.

Urine frequent and more copious than usual.

Urine retained or suppressed.

Atony of the bladder from too long retention of urine. Paralysis of the bladder, with frequent desire but inability to urinate.

**Related Remedies.**—No remedy is more frequently called for in irritation of the urinary organs than *CANTHARIS*. Its characteristics here are, briefly, painful or violent strangury, urine in drops, tenesmus vesical; nephritis with strangury; and tubal nephritis. Paralytic weakness rarely calls for it, though it not unfrequently relieves dribbling with strangury—a defective control, spasmodic rather than paralytic. Sometimes, however, atony and paralysis may require it.\*

Uramic symptoms were considered under Nervous System (q. v.).

The following may be compared, since they cause severe irritation, inflammation, or violent pains, and hence more or less resemble the main drug under consideration.

*Kidneys*: *ACONITE*, *Terebinth.*, *Cann. ind.*, *CANN. SAT.*, *Bellad.*, *BERBERIS*, *Chimaphila*.

*Renal Colic*: *Ocimum*, *Pareira*, *Berberis*, *Bellad.*, *Lycopod.*, *Uric acid*, *Ipomœa*.

*Cystitis*: *Capsic.*, *Berberis*, *Cann. sat.*, *Coloc.*, *Copaiva*, *Cubebs*, *Senega*, *Zinc*.

*Dysuria*: *ACONITE*, *CANN. SAT.*, *Cann. ind.*, *CAMPH.*, *BELLAD.*, *Equisetum*, *Doryphora*, *MERC. CORROS.*, *Merc. viv.*, *FERRUM PHOS.*, *Poland water*, *Linaria*, *PETROSEL.*, *Capsicum*, *Digitalis*, *Nux vom.*, *Apis*, *Kali nitricum*, *Thuja*, *Rhus aromatica*, *Chimaph.*, *Epigea repens*, *Pulsat.*, *Populus*, *Sassaf.*, *Merc. aceticus*, *Oniscus*, *Clematis*, *Conium*, *Colchic.*, *Copaiva*,

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\* See Article on Cantharides, by S. A. Jones, M.D., American Observer, 1879.

*Erigeron*, *Sarsap.*, *Mitchella*, *Hedeoma*, *Terebinth.*, Benzoic acid, Ant. tart., etc.

Bloody urine, with much pain: *Aconite*, TEREBINTH., ERIGERON, Capsic., *Uva Ursi*, *Epigæa*, Merc. sol., MERC. CORROS., *Colchic.*, *Erechthites*, *Mezer.*

(For Urethra, etc., see next heading.)

CAMPHOR and Kali nitricum are approved antidotes of CANTHARIS in urinary affections. *Apis*, too, is stated to relieve the cystitis caused by the Spanish fly.

DORYPHORA, a coleopterous insect, has cured violent urethritis in children. (Baruch.)

ACONITE frequently suits the incipieney of renal and cystic affections, which, unmodified, progress into a CANTHARIS-condition. The urging to urinate, dysuria and hæmaturia, are accompanied with an anxious restlessness and high fever, altogether different from the expression of Cantharis.

BELLADONNA induces violent renal congestion, with copious urination, or with retention of urine, intense urging and strangury. The urine may be fiery red or yellow. It may also contain albumen.

In renal colic it is sometimes of use for its well-known spasmodic pains.

It has caused irritation at the neck of the bladder very similar to CANTHARIS, though mostly as a symptom of some exanthem.

In cystitis, violent fever, coexisting brain symptoms, hot fiery-red urine and local sensitiveness, so marked as to render touch or jarring unbearable, are its indications.

CANNABIS SATIVA may supplant the drug under study in simple nephritis;\* but it has no record in Morbus Brightii. Drawing pain in the region of the kidneys extending into the inguinal glands, with anxious nauseous sensation in the pit of the stomach. (Compare Genital Organs.)

*Cannabis indica* has burning, stitches, aching in the kidneys; pains when laughing. But its greatest use here is in what may be termed renal debility, with frequent urination, pains in the kidneys and restlessness.

BERBERIS develops a great variety of pains in the renal region, and hence may be confounded with the Spanish fly. Indeed it is too often forgotten for more commonly employed drugs.

Tension, pressure; sticking pains from kidneys to bladder

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\* See Jahr's Forty-Years' Practice, p. 166.



or to hips and groins. Burning stitches. Tearing sticking in region of loins and kidneys as if parts were crushed or bruised, with a feeling of stiffness; numb sensation. Pains radiate from the kidneys in all directions. Sticking in the abdomen just over the front of the kidney. Cutting from kidneys to urethra. Burning the length of the urethra; cutting.

This is an excellent remedy in broken-down patients. The face is sickly, pale or dirty-gray, sunken, with blue circles around the eyes; tendency to gallstones and to gravel; liver congested, torpid; urging to stool; long-lasting sensation after an evacuation as if one had just been to stool. It may be distinguished from CANTHARIS by the hip-pains, and also by the urine, which though mealy in both, deposits a thick reddish or yellowish meal-like sediment characteristically in BERBERIS.

In renal colic and gravel CANTHARIS is recommended when the pains are cutting, burning, and constrictive, with strangury. *Parcira* differs here from the Spanish fly as well as from BERBERIS, by the direction of the pains, which extend to thighs and feet (rarely below hips in BERBERIS). The urine deposits a copious red sediment. The strangury compels the patient to get on all-fours. *Ocimum* has the same sediment after the attack; but the pains cause vomiting. *Ipomœa* is needed when the pains are worse in the back, causing nausea. Uric acid relieved a case of gravel promptly. We know of no provings.

TEREBINTHINA produces congestion of the kidneys, progressing to inflammation. It also inflames the bladder and urethra. Heaviness and pain in the region of the kidneys; pressure in the morning, while sitting. Violent burning drawing pains. Strangury, with bloody urine. Urine cloudy, dark, albuminous; contains blood-casts of the renal tubes. Dropsy.

As with CANTHARIS, so here, many ailments yield to the drug; provided, only, the urinary symptoms agree. But such accompanying affections are quite different in the two remedies.

*Equisetum* causes dull pain in the renal region, with urging to urinate. The bladder is tender, sore, with severe dull pain, which does not lessen after urination. There is constant desire to urinate, sometimes with a feeling of distension, and with profuse urination. But it likewise causes high-colored, scanty urine, containing mucus; burning in the urethra during urination; cutting pains. Passes a small quantity of urine, but feels as though he had not urinated for hours—a symptom akin to the distended sensation.

The remedy has won most favor in enuresis. But even when the vesical irritation increases, with scanty urine, it has proved curative, especially with women; urine blood-mixed, albuminous; pain worse just after urinating. (Marsden's *Præ. Midwifery*.)

In the latter respect, it compares with CANTHARIS; but still more with *Linaria* and *Eup. pur.* The former of these two has produced and cured frequent painful urging to urinate; must rise at night. Also enuresis. The latter irritates kidneys and bladder, causing frequent and painful urging; excess of urine, or scanty, high-colored mucous urine. Dr. Hughes uses it in vesical irritability in women. Its symptom: feels as though it had retained the urine a long time, is somewhat similar to *Equisetum*.

In catarrh of the bladder, caused by stone, UVA URSI is superior to CANTHARIS. There are frequent painful attempts to urinate, with burning; slimy, bloody mucus. It often palliates.

*Chimaphila*, too, has been found useful in such cases. It produces frequent urination at night; increasing debility. Also CLEMATIS, Dulcamara.

In irritation of the neck of the bladder, we may use: *Erigeron*, with or without bloody urine. *Epigea*, APIS, *Copaiva*, the latter especially in old women. PULSATILLA, with spasmodic pains after micturition; pressure and soreness over the pubes. FERR. PHOS., worse the more he stands; better after urinating. *Digitalis*, relief on lying down, thus removing much of the pressure. *Capsicum*, spasmodic contracting and cutting in neck. *Sassafras*, which has caused, urine burns; skinny particles in it. *Nux vom.* with ineffectual urging. *Merc. sol.*, *Merc. aceticus*, the latter with cutting just at the close of urinating (like *Natrum mur.*). *Cochlearia armoracia* has produced burning cutting at glans during and after urination, strangury; jelly-like urine.

In Morbus Brightii, CANTHARIS stands near ARSENIC and MERC. CORROS., though not in as far-advanced cases. MERC. CORROS. is needed when the urine is scanty, bloody, containing casts; face pale, puffy, doughy.

COLOCYNTH, like Spanish fly, causes cramp of bladder, forcing the patient to bend double; but only the former has a urinal deposit of stringy mucus. It is adapted to cases which have been modified by CANTHARIS, but not cured.

Bloody urine, with irritation or inflammation, suggests, in addition to CANTHARIS: *Erigeron*, an excellent remedy;

Erechthites, also a promising remedy in bright hæmorrhages; Epigea, bloody sediment, tenesmus vesical, with burning; MERC. CORROS., bloody, in drops, terrible strangury with burning; *Colechicum* during strangury, writhing in renal region: TEREBINTH.; UVA URSI, etc.

In the course of colds, fevers, pneumonia, etc., bladder symptoms are not uncommon. They may suggest CANTHARIS. If so, the case should be readily distinguished by local and concomitant symptoms from cases calling for the following: *Ant. crud.*, *Ant. tart.*, *Scilla*, MERC. SOL., *Merc. aceticus*, CEPA, *Apis*, etc.

The first suits in cystic catarrh, with frequent, burning urination; but more often with gastric ailments. Thus, for instance, it is needed for a child who cries on urinating, has a white tongue, and the urine deposits red crystals, more abundant the more he has colic.

The second causes frequent urging, spasm of the bladder, scanty urine, passing dark, or even in drops, and bloody. This looks like CANTHARIS, but clinically, *Ant. tart.* has removed these symptoms when they accompany its rattling cough, sneezing, dyspnoea, etc.—all foreign to the Spanish fly.

*Merc. aceticus* has cured colds, when an accompanying symptom is cutting with the last drops of urine; and CEPA is readily distinguished by its coryza.

#### URETHRA; GENITAL ORGANS.

Urethra contracted, urine passes in a thin stream.

Inflammation of urethra, even gangrene.

Glans swollen, painful. Meatus very red.

Prepuce hot, red, tumefied, with phimosis.

Pruritus glandis penis; ardor urinæ.

White, watery urethral discharge, as in gonorrhœa; particularly when there is violent inflammation, terribly painful erections, and involvement of the neck of the bladder.

Strong and persistent erections, painless, and without voluptuous sensation. Erections at night, with contractions and sore pain in the whole urethra.

Satyriasis.

Burning in the excretory ducts of the vesiculæ seminales, during and after coition.

Drawing pain in the spermatic cord while urinating.

Seminal emissions caused by irritation of prepuce, urethra, or seminal vesicles.

Self-abuse; partially blind after emissions, shivering, can-



not sleep. Genitals cold, relaxed. Ringing in the ears, palpitation, cold sweat; despondent, stupid; suddenly dizzy and faint, various colored objects float before him.

Prostatitis following gonorrhœa, other symptoms agreeing. Blood is discharged instead of semen.

Sterility.

Abortion, especially with bladder symptoms. Retained after-birth.

Menses early, profuse, black; nausea and colic.

Membranous dysmenorrhœa, especially in the sterile.

Tenderness and burning in the ovary; stitches, which arrest the breathing; pinching, or bearing towards genitals; also after suppressed gonorrhœa.

Burning in the uterine region; coexisting peritonitis over uterus and bladder. Ulceration, with coldness, patient lies unconscious, with arms stretched out along the body, interrupted by sudden screams and convulsions.

Purulent discharge from the womb, burning and soreness; gums spongy.

Swelling of the neck of the uterus; burning in the bladder; abdominal pains; vomiting, hot fever.

Bloody mucus from the vagina after urinating.

Burning in the vulva, itching; swelling.

Pruritus vaginæ, exciting strong sexual desire; rubbing causes little tumors.

**Related Remedies.**—CANTHARIS is not a remedy for gonorrhœa, unless the violence of the symptoms demands it; or, the bladder or ovaries are involved.

Its sexual excitement we have already discussed. We have found this remedy eminently serviceable in seminal emissions, when the vesiculæ or the urethral tract is irritated, whether from self-abuse or not. It suits some of the cases which Lallemand so graphically describes, and for which he cauterizes the prostatic urethra. It ought to be a valuable preventive of neurasthenia, reflex from genital irritation.

Dr. O. B. Gause finds Cantharis<sup>6</sup> frequently useful in aiding the expulsion of the placenta. Others have failed with it. It has, however, an undoubted power to contract the uterus, and must be the remedy in some cases. This same property renders the drug of use in impending abortion, especially if depending upon inflammatory irritation of the pelvic viscera.

CANTHARIS is far preferable to the vaunted Caladium in pruritus vulvæ—so potent a cause of masturbation.

In affections of the urethra, compare the following:

CANN. SAT., more important in gonorrhœa, with thin discharge, smarting burning on urinating; glans dark red, swollen; chordee; biting at the orifice of the urethra. Less cutting.

ARG. NITRICUM follows Cannabis when the discharge becomes purulent; urethra feels sore and swollen.

MERC. SOL. and CORROS. follow when the discharge becomes worse at night, and is green and purulent. The latter causes more violent tenesmus, burning and swelling, hence like CANTHARIS. The meatus, too, is very red. MERC. SOL. has more burning between micturitions than CANTHARIS.

CAPSICUM is required when the discharge is thick, creamy; stitches between micturitions, fine stinging in the meatus urinaris.

SULPHUR helps to remove remnants. In chordee, CANTHARIS compares with: CANN. SAT., CANN. IND., and *Mygale*. The latter has several times removed the symptoms.

*Petroselinum* is similar to the Spanish fly, since it attacks the neck of the bladder and urethra. It is an excellent intercurrent when the patient is frequently and suddenly seized with an irresistible desire to urinate. "First cases" of gonorrhœa, when the inflammation develops stricture, compare CLEMATIS: has to wait for urine to come; interrupted stream; urine bites and burns; worse on beginning to urinate; contracted urethra—all similar to CANTHARIS. The latter, however, has more symptoms just after urinating.

*Conium* may be needed. Its characteristic here is, flow of urine suddenly stops and continues again after a short interruption.

*Copaiva* and *Cubeba* are so abused that we are too apt to neglect them; or are called upon to antidote their misuse. The former causes urethritis; burning in the neck of the bladder and in the urethra; milky, corrosive discharge; orifice of urethra tumid, inflamed, sore as if wounded; nettlerash. The latter causes cutting and constriction after micturition; mucous secretion. Both are useful in the irritation attending thickening of the lining membrane of the bladder (*Senega*).

Neither acts as violently as CANTHARIS.

THUJA has continued desire to urinate; wants to pass water, but feels as if a tape was hindering. Violent urging, passes only a few bloody drops; if these do not pass, there is intense itching. Burning in the urethra; dark-red itching pimples. Stitches from rectum to bladder. Stitches in the urethra with

urging to urinate. Feels as if drops were trickling down the urethra after micturition.

Thin, green, urethral discharge. Warty excrescences.

Nightly painful erections, preventing sleep.

In CANTHARIS, the erections prevent urination; not so in THUJA. Moreover, the symptoms of the latter are those of continued or oft-repeated gonorrhœa.

The essential symptoms of gonorrhœal prostatitis are rectal tenesmus, deep perineal pains, dysuria, retained urine; cutting at beginning of urination, the pain descending the urethra to a point just above the external meatus; urine spirts out, or slowly drops; scalding and cutting at the close of urination.

CANTHARIS is needed, as are also THUJA, Chimaphila, Digitalis, PULSAT., CAUSTICUM. The latter has perineal pulsation; after a few drops pass, pain in urethra, bladder, and spasms in the rectum, with renewed desire.

*Merc. corros.* similar to CANTH., with intense burning; urine full of mucus.

PULSATILLA causes spasmodic pains after micturition, extending from bladder to pelvis and thighs; flattened stools.

THUJA is often the remedy; stitches from rectum to bladder.


*Cannabis*, urine filled with thready mucus, etc.

In frequent seminal emissions, compare CANTHARIS with Camphor, Nux vom., Sulph., Merc., Cann., Ledum (the last three with bloody emissions).

*Staphisagria* is somewhat similar in prostatic and urethral irritation, as is also CANNABIS SAT.

If a child continually pulls at the penis, it may be caused by local irritation. CANTHARIS, *Merc. sol.*

*Petroleum* and *Sulphur* suit when the skin about the genitals is pimply; though if the itching is intense (especially with painful urination), CANTHARIS is needed; or, CROTON TIG. (worse at night); MEZEREUM, Clematis, Cinnab. (red spots), *Mercur. sol.*, *Cann. sat.* (red spots), RHUS TOX. (eczema), Thuja (alternating with stinging at anus).

 IF a homœopath has lost faith in the good sense of his colleagues, let him look at the rank and file of the old school . . . shouting themselves hoarse in denouncing us, yet being led by the nose and yielding implicit obedience to the mandates of a few enterprising druggists by meekly prescribing, and risking human lives upon, whatever mixture the druggist chooses to put up in convenient form and recommend. Talk of the "advances" in "scientific" medicine!—*Ed. Med. Counselor.*



## NOCTURNAL ENURESIS.

REPORT OF BUREAU OF PÆDOLOGY OF THE HOMŒOPATHIC  
MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

## ETIOLOGY AND HYGIENE.

BY M. S. WILLIAMSON, M.D.

IN every case of nocturnal enuresis presented to our attention, the study of the causes that have probably been at work, and their removal, as far as possible, is necessary, before we can expect marked beneficial results from the treatment adopted. We must take into consideration the age and condition of the patient when the trouble began. Whether it arose from general weakness, or depended upon local irritation or an atonic state of the urinary organs. The length of time that the child has suffered should be considered, not only in relation to the probable difficulty of treating it successfully, but also with a view to ascertain, if possible, whether its present continuance may not be due to a vicious habit of body long after the original causes have ceased to exist.

This preliminary completed, we must inquire in which of the organs the diseased condition exists; in the kidneys, ureters, bladder, or urethra; or whether the trouble may not be in the secretions, irritating the mucous surfaces with which they come in contact, and over which they flow.

Catarrhal inflammation, resulting from exposure, has been frequently responsible for the complaint, and the sensitive condition which remains for a long time, makes a return of the difficulty common in such cases, and contributes towards an unsatisfactory result of the treatment. A not unfrequent cause of the continuance of the affection is to be found in the fear and dread of punishment, induced by thoughtless parents, who forget that the trouble is a disease and not a fault; particularly do we find this to be the case in sickly and nervous children. The importance of promptly relieving the bladder when the first inclination is perceived should be strongly impressed upon the child's mind. Another most potent cause may consist in the child's fear to arise from bed to relieve itself on account of the darkness of the apartment, a cause which at once suggests its own simple and certain treatment.

Over-distension of the bladder frequently causes a more or less permanent weakness of the walls of the organ, and gives rise to incontinence, the patient in many cases being unaware of the

distended state of the bladder, until the fact is brought to his consciousness by the flow of urine from the meatus.

We must remember that the bladder of the young child is of quite limited capacity, and if the kidneys are active necessitates frequent calls to be emptied.

Inattention to diet must be mentioned as a cause of nocturnal enuresis. Highly-seasoned food, late or hearty suppers, excessive ingestion of fluids, sugar, sweetmeats, rich cakes, indigestible articles, etc., all have their marked influence in originating and perpetuating the disorder. Mental excitement, or violent physical exercise, especially near the hour of retiring, should be scrupulously guarded against. Uncleanliness—especially in boys—laziness, etc., constitute causes which may baffle the efforts of the most careful practitioner. The presence of irritation from ascarides is frequently observed as a cause of the trouble, but fortunately yields readily to treatment.

A neuropathic family inheritance, if present, may account for enuresis, as a predisposing cause, and influence the treatment adopted.

#### PATHOLOGY AND THERAPEUTICS.

BY JOHN C. MORGAN, M.D.

There is a conspicuous want of real scientific precision in all existing works on this subject. No morbid anatomy is known to belong specifically to this distressing and obstinate complaint. All we have to guide us, therefore, is analogy, along with certain clinical observations;—the empirical element, therefore, must needs predominate.

Reference to other pathological conditions, in which this figures as a frequent symptom, may also afford us a clue to its scientific significance. This is particularly true of epilepsy. Indeed, the obstinacy of the complaint, its neuropathic basis in some marked cases, and the known connection of this symptom with undoubted epilepsy, lead to the conclusion, at no great distance, that their pathological basis is often the same. Nothnagel goes so far as to state, "that with some patients epilepsy begins with attacks exclusively nocturnal. Our attention will be attracted by the resulting mental conditions, . . . such as depression, stupidity, headache, and the like, if persons previously healthy complain of these on some occasion on waking in the morning. We attain to *certainly*, if involuntary discharges of urine or feces have taken place in the night, if the tongue has been bitten, or small hæmor-

rhages into the skin are found." Ziemssen, vol. xiv, page 251. In the absence of all the other symptoms mere nocturnal enuresis is, from this point of view, comparable with epilepsy mitior, or *le petit mal*.

The following conditions have been found associated with this symptom, viz.: phimosis, urinary obstruction, masturbation; gravel, calculi, renal disease, cystitis; rectal worms, openness of the anus, *gastro-intestinal disorders*; thirst; intellectual deficiency, indolence, or, on the other hand, turbulence, maliciousness, recklessness; the so-called "neurotic constitution," which is often the common heritage of a family, some of whom may develop hysteria, others epilepsy, others chorea, and others insanity; night-terrors, nightmare, somnambulism; sopor, lethargy, alcoholism, narcotism; spasms, paralysis, rheumatism; and the gouty dyscrasia (corresponding with the anti-oxygenoid, or carbo-nitrogenoid constitution of Grauvogl, and the "lithic diathesis" of Murchison, which he regards as due to *functional disorder of the liver*. Grauvogl connects the same with the suppurative diathesis, or the "psora" of Hahnemann). Whether from this, or other causes, general debility and malnutrition are to be held as efficient causes and conditions of the malady; hence, in the absence of a specific morbid anatomy, our pathology must remain a matter of general value only, and the doctrine of a generalized dyscrasia, such as *juvenile gout*, quite supersede all ideas of *special lesion*. Nevertheless, robust patients are not few, and greater research must reveal such lesion, which will have to be sought in the brain, the spinal cord, the sympathetic, and the peripheral nerves, as well as the whole urinary apparatus. Neurotic states are worthy of the first consideration. Boys are more frequently affected than girls; but whole families of children may be its subjects.

*Phimosis*, without manual irritation, may possibly cause reflex contraction of the bladder, with relaxed sphincters, whether waking or sleeping, but particularly when the will is suppressed by sleep. But if it cause the child, or its nurse, to handle the organ, the condition becomes serious; while the effect of actual *masturbation* is to further disturb the nervous and muscular actions, and the sensibility of the bladder and its neck. These causes should be always inquired for. Dr. W. M. Williamson relates a case of constant dribbling, with phimosis, obstructed meatus, and dropsy, with renal disorder. *Circumcision* is often useful. Dr. Williamson's case was thus entirely cured.

*Gravel* of any kind, particularly the very irritating *uric*



*acid*, is an important element in some cases. The frequency of it in newborn children (those dying during the first month), of whom 32 per cent. have been found with this substance abundantly lying in the urinary tubules of the kidney, etc., suggests that in older children the embryonic imperfection of oxidation, which stands antecedent to this, may continue. *Faulty respiration*, and the Carbo-nitrogenoid state, are to be looked for, and remedies suited thereto selected. The red sandy appearance of uric acid, or the acid urates, may not appear in the urine, unless carefully preserved in a white vessel until the strongly acid reaction of the fluid sets in, which usually happens in a few hours, by fermentation. The high color of the urine may, however, sometimes cause suspicion of its presence previously. Hepatic torpor is here to be sought for. *Lycopodium*, *Benzoic acid*, and *Nux vomica*, are indicated.

*Calculi* cause the usual well-known symptoms, and on discovery, require the usual treatment.

*Renal diseases* are to be carefully diagnosed, by the methods now so well understood, and eliminated from the case, by such remedies as *Terebinth*, *Cantharis*, etc.

*True cystitis*, a not common disease of childhood, may co-exist; and some cystic irritability, and even irritation, must be presumed, and treated, in many cases. Anti-catarrhal medicines are required—as *Acon.*, *Bell.*, *Merc.*, *Kreosot.*, etc. Muscular cystitis would be implied by a rheumatic state, with cystic localization—and the remedies should be applied accordingly, *Bry.*, *Rhus*, *Cimicif.*, *Puls.*, *Bell.*

*Rectal worms*—ascarides—are by some credited with causing reflex trouble of this kind. Others deny them this distinction. *Cina*<sup>200</sup>, a dose every night, for one week, is effective against these parasites. Locally, an injection of ʒj of olive oil every night, aids in destroying them. *Loaded bowels*, likewise, may be in fault, and require correction.

*Gastro-intestinal ailments* are prominent in many cases, and are to be always recognized, if present, as prominent indices for treatment, the remedies being *Nux vom.*, *Puls.*, etc., as symptomatically called for.

*Thirst* is a special indication, as its indulgence leads to the aggravation of the trouble. After dinner-time the amount of drink taken should be limited. As to drugs, *Acon.*, *Bry.*, *Natrum mur.*, *Bell.*, *Arsen.*, stand first.

*Intellectual deficiency* is of course a serious hindrance to the success of curative measures intended to act on the mind, and which must always be applied as required. Moreover, in cases

of nervous disorder, this complication affords important indications for drug selection. *Natrum carb.*, *Op.*, *Hyos.*, *Cale.*, are leading remedies. Even *indolence* alone may indicate *Capsic.*, *Chin.*, *Lach.*, *Nux vom.*, *Sep.*; *turbulence*, *Hyos.*, *Op.*, *Nux vom.*, *Cham.*, *Bell.*, *Stram.*

*Somnambulism* is a not uncommon symptom in various nervous disorders, and may, when coexisting or alternating with nocturnal enuresis, lead to the diagnosis of cerebral irritation, and the prescription of *Gelsem.*; or *Acon.*, *Bry.*, *Natr. m.*, *Phosph.*, *Sil.*, *Sulph.* *Talking*, *groaning*, or *grating the teeth in sleep*, *Gels.*, *Bell.*, *Hyos.*, *Arsen.* *Night-terrors and nightmare*, *Stram.*, *Cupr.*, *Kali brom.*, *Cina*, *Acon.*, *Nux vom.* *Profound stupor*, *Acon.*, *Op.*, *Hyos.*, *Nux mosch.*, *Gels.*, *Sulph.*, *Ars.* *Lethargy*, the same class of remedies. *Drug narcotism* must be met by antidotes. It is worth while always to inquire strictly whether *paregoric*, *soothing-syrups*, and the like, were given in previous years. Even so late, antidotes may effect a change (*Nux vom.*, *Bell.*, *Sulph.*, etc.).

*Spasm* of the bladder alone, or with other muscular tissue, belongs to the repertorial and pathological category of "*spasms during sleep*;" and is a probable concomitant of irritation of the vesical mucous membrane. It indicates such drugs as *Bellad.*, *Cham.*, *Hyos.*, *Ignat.*, *Ip.*, *Sulph.*, *Magnes. phos.* (Epilepsy and nocturnal enuresis are particularly allied in such cases.) (Johnson, Ruddock.)

*Paralysis* of the vesical sphincter, with or without paraplegic defect, is often evidence of lesion of the spinal cord; but the emergent nerves themselves may be the seat of the change, functional or organic. Careful diagnosis being made, the remedy best indicated will be the upward current, galvanic or faradic, from the perinæum or neck of the bladder, to the dorso-lumbar region. In spasmodic cases, the downward currents may be better used, from the occipito-cervical region to the perinæum. Of drugs, *Bell.*, *Caust.*, *Rhus*, *Nux vom.*, *Sulph.*, are prominent anti-paralytics; and besides are often otherwise required.

*Rheumatism*, according to Froriep, becomes a cause of the malady, by affecting the sphincter of the bladder. This is quite conceivable, and we may even raise the question—Is enuresis in general, in its nature, ever a vesical chorea? Rheumatism, affecting the spinal and nervous membranes and sheaths, is believed by many to cause ordinary chorea. And it may operate here as well as elsewhere. Therefore this element must always be looked for. Along with this,

cardiac and respiratory symptoms must be well studied; the latter being also related to the uric acid, or gouty diathesis, since oxidation is understood to be deficient when it exists, and this may supersede or amalgamate with rheumatic symptoms. Sluggish respiration, too, congests the organs with venous blood, and the secretion of the kidneys may thereby be exaggerated in quantity.

*General debility and malnutrition* are causes and concomitants of this, as of every other disease in the catalogue of human ills. According to Hahnemann, the greatest chronic cause of all such states is *psora*. However this may be, good food, etc., with the antipsoric drugs are here most important, especially, *Caut.*, *Calc.*, *Alum.*, *Graph.*, *Natr. m.*, *Sep.*, *Sil.*, *Sulph.* The collateral and systemic symptoms must be carefully noted, and these will do more to point out the true remedy among these than the local trouble; and then, the constitutional basis being corrected, the other will yield with it, or more neurotic and "light-acting" drugs may finish the cure. All accidental causes, as excessive drinking, night exposure, getting wet or frightened, sleeping on the back, etc., must always be taken into account in fixing upon the prescription.

*Adjutant Treatment.*—Little can be said in favor of many expedients which have received the sanction of high allopathic authority. Thus the sealing of the urethra by collodion, elevating the limbs and hips, to cause the urine to gravitate toward the fundus of the bladder, and away from its outlet; retaining the urine during the day, to accustom the bladder to this duty; all these but illustrate the incurably surgical animus of old-school medicine. On the other hand, pony-riding over a wild country during an entire summer, bathing and gymnastics, may do great things in bringing up the whole organism to a proper life, thus fortifying the *vis medicatrix naturæ*, and leading to cure. Cold sponging of the body, and cold dipping of the hips at night, are probably useful measures. The flesh-brush is also recommended. If the urine be acrid, diluent drinks are directly beneficial.

Sir Henry Thompson points out, as to adults, that the cause of involuntary urination is always *retention*. Now this may have more to do with children's enuresis than we have yet been able to demonstrate. In all cases this point ought to be well ascertained. Retained urine also undergoes fermentation, first the acid, throwing down uric acid or the acid urates; afterwards the alkaline, transforming the urea into carbonate of ammonia. Either is very irritating, and must tend to



cause spasm of the bladder. In retention, the principal drugs are *Bell.*, *Hyos.*, *Nux vom.*, *Ars.*, *Sulph.*, *Alum.*

Dr. C. Hering recommends a diet containing plenty of butter; I do not know on what ground. He thinks lying on the back has no influence as a cause, but it is conceivable that passive congestion of the spinal pia mater may injuriously result, by gravitation, especially if favored by sluggish respiration during sleep. *Lachesis*, *Arsen.*, *Sulph.*, etc., are thereby suggested.

*Fungous germs in the bladder* are possible causes, and should be sought, if fermentation processes, as above mentioned, be suspected. Washing out the bladder with warm water, glycerin, mucilage of slippery elm, and the like, may be considered in such instances.

The old-school physicians rely on such drugs as *Belladonna*, *Nux vomica*, *Iron*, especially the iodide, *Lupulin*, *Ergot*, *Nitro-muriatic acid*, *Tannin*, with passing of soft bougies (Thompson), electricity, "judicious chastisement," etc.

Concerning the last named, I never knew it to be of any service, and it can be justified only when the pathological state has been cured, and the indifference of the child is the sole remaining cause.

Among us certain drugs are somewhat empirically used, with more or less success, viz., *Bell.*, *Caust.*, *Kreos.*, *Phos. ac.*, *Ammon. carb.*, *Benzoic ac.*, and *Equisetum hyemale*.

*Belladonna* is conceded by both schools to be a reliable remedy in many cases; but both agree that it often fails. The mother tincture and lowest dilutions have been thus used. Dr. W. Johnson says it is a "royal remedy" in cases which he allies with *epilepsy*. (Ruddock.)

*Causticum* is often a successful remedy, especially in finely organized children, of very sensitive nervous and vascular systems.

*Kreosotum*, advised by both Guernsey and Laurie, when the sleep is very heavy, almost comatose.

*Phos. ac.*, when the bed is drenched by the copious watery discharge; patient apathetic, absent-minded.

*Ammon. carb.* is stated by Laurie to be often efficacious, no specific indications being given. Fermentative alkaline states of the urine may be suggestive of its homœopathic use.

*Benz. ac.* has been given successfully by Dr. J. W. Metcalf, in the 1st dilution, in water, taken every three hours, for many days. Offensive odor of urine, skin rough and dry. (Ruddock).

*Equisetum hyemale* is just now the favorite; a few drops of

the mother-tincture in a glassful of water, a spoonful three times a day.

*Chloral hydrate*, by its symptoms, should be a grand remedy.

Jahr, in his *Forty Years' Practice*, says he has not failed in a single case; using the 30th dilution of Sulphur (mainly); *Sep.*, *Bell.*, *Caust.*, *Puls.*, *Calc.*, and *Cina.*

Hering (Domestic Practice), while excluding from the etiology the dorsal attitude of the patient, makes this an indication in treatment, viz.: for *Puls.*, *Rhus*, *Ferr.*, *Sulph.*, *Calc.*; sometimes *Bryon.*, *Chin.*, *Nux v.*, *Ignat.* When the patient does not lie on his back, *Bell.*, *Merc.*, *Silic.*, *Cina.*, *Caust.* In his work on Typhoid Fever, he also gives his experience in involuntary urination in favor of *Apis*, *Ars.*, *Colch.*, *Helleb.*, *Hyos.*, *Lyc.*, *Op.*, *Phos.*, *Stram.*, *Verat.*; "involuntary, all night," *Arn.*, *Ars.*, *Bell.*, *Hyos.*, *Rhus*; "involuntary, with intolerable stench," *Arsen.*

#### TREATMENT.

BY GUSTAVUS E. GRAMM, M.D.

It has pleased some authors to call enuresis nocturna a *crux medicorum*. This is, of course, very appropriate, if we neglect to individualize in this as well as in all other physical and mental ailments. The medicines mentioned in medical literature for the treatment of this disease are numerous, but the characteristic symptoms are seldom given. To assist in finding the similitum, I would offer to my colleagues, from actual practice, the most reliable remedies for the treatment of enuresis nocturna:

*Ars.*—Urine very hot, having a foul smell; wants to drink often, but little at a time.

*Bell.*—Congestion to the head, with red face; sleeps with arms crossed over the head or on the stomach; frequent urination, even in the daytime, while standing (*Nux v.*).

*Calc.*—Debility and emaciation, with bloated abdomen; red, or pale flabby face; easily and profusely perspiring about head and face; takes cold easily; damp, cold feet; leucophlegmatic temperament.

*Carb. v.*—Urine very offensive; abdomen distended with wind; very offensive flatus.

*Caust.*—With simultaneous constipation, where the stools can only be voided while standing; urine acrid, reddening the parts with which it comes in contact; escape of the urine in the first sleep; patients having black eyes and black hair; paralysis of the sphincter vesicæ.

*Chin.*—After debilitating diseases or loss of vital fluids, and when the patient is gradually losing flesh.

*Cina.*—Worms; boring in nose, etc.; child raises up in bed at night, dreaming and crying, or asks repeatedly for a drink; urine and stools, and even breath, very offensive.

*Ferr.*—Pale, emaciated children, who want to go to sleep early in the evening, and are not inclined to get up in the morning, with cold hands and feet; take cold easily; watery discharge from the nose. Itching at the anus at night.

*Ign.*—Very despondent, and sits with a stupid look, frequent sighs; wants to sleep early in the evening; worm symptoms.

*Kreos.*—Sudden desire to pass water; heavy sleep at night, from which he can be aroused only after hard shaking and calling; very bad humor in the morning; offensive urine, pale, or with red sediment; face livid.

*Merc.*—Perspiration almost constant, cold, clammy, and has a sour smell. Urine hot, acrid, smells sour; watery discharge from nose, corroding the nostrils and upper lip.

*Phos. ac.*—A very profuse discharge of urine in the first sleep. Onanists.

*Puls.*—Child is pale, tearful, timid; very useful for girls before the menstrual nixus (Sep). Urine offensive; aggravation in autumn.

*Spia.*—Urination in the first sleep. Onanists. "Dreaming at night that he is urinating in the chamber, while he is wetting the bed." The offensive urine deposits a reddish sand or clay-colored sediment, which stiffens the linen, or in the chamber adheres to the walls, so that it must be scoured and scrubbed. Feels extremely mortified when questioned about the ailment, showing it by the repeated flushes of the face.

*Sil.*—Patient is a blonde, has blue eyes, etc.; swollen glands; frequent pararitia; constipation, with griping pain in abdomen before stool; stool too large to be voided, and recedes after reaching the verge of the anus; profuse sweat about the head; offensive foot-sweat, making the toes sore.

*Sul.*—Scrofulous subjects; or, if there is an eruption on the body, or glandular swellings. Face pale, or alternating with red cheeks; emaciation; bloated abdomen; inclined to loose bowels, with evacuations early in the morning, even driving out of the bed. Appetite very good; heavy sleep at night; aversion to being washed; desire for sugar.

*Thuja* is a great remedy in this ailment, particularly if there are warts on the hands.



*Acon.*—In nervous, restless children, with flushed face, I begin the treatment by giving *Acon.*

Although having had no experience with the following three remedies, I should perhaps mention them as being highly recommended:

*Equisetum hyem.*—Dr. J. N. Mitchell recommends giving six drops of the tincture of this drug in half a tumblerful of water, to be taken a teaspoonful every three hours, for two or three weeks (*U. S. Med. Investigator*, February, 1875).

*Kali phos.* (Schussler.)—Dr. R. Cruewell is recommending the sixth decimal trituration in water, where he suspects a paralytic condition (*All. Hom. Zeitung*, 99, 202).

*Plantago m.*—Dr. W. B. Chamberlain cured a boy, of bilious sanguine temperament, who had always been well; no worm symptoms, digestion good, urine normal. *Rx.* 1st cent. dilut., morning and evening, one drop for four weeks (*U. S. Med. Investigator*, January, 1867).

Sponging the back and lower part of the body with cold water is of benefit, but punishing children afflicted with this ailment is cruel, entirely useless, generally aggravates the disease, and frequently has a permanent injurious effect on the child's mental and physical condition. The patient should not drink much water, and take but little liquid food, particularly in the latter part of the day. He ought to empty the bladder before retiring at night, and be waked after one hour's sleep to pass water. Highly seasoned food and stimulants aggravate the trouble.

#### CLINICAL CASES.

BY MARIA N. JOHNSON, M.D.

The cases I have to report are clinical ones, selected because of the paucity of our literature on the therapeutics of nocturnal enuresis and its complications, and not because of the brilliancy of their treatment, or the success attending my medication. By the discussion they may elicit, I hope to obtain much desired enlightenment.

CASE 1.—Willie T., aged 9. *Nocturnal and diurnal enuresis*, with constant dribbling of urine, so that he could not leave home for a day. Child very precocious, and intellect highly cultivated. Allowed no associates. Prescribed *Nux vom.*<sup>3</sup>, daily, for four days. Marked improvement. Continue *Nux vom.*<sup>12</sup>, twice weekly. In five weeks mother pronounced him cured, taking him to the country, whence they have not returned.

CASE 2.—Willie S., aged 14, light hair and blue eyes. *Nocturnal enuresis, with congenital openness of the anus, and constant dribbling of urine.* Previous to my treatment, which began August, 1880, was under allopathic care, having a bougie introduced weekly by a prominent surgeon of that school in this city, causing many nervous symptoms. While the patient resided at Asbury Park, where he bathed and boated much, his condition was aggravated, the main symptom being a constant dribbling of urine. Having restricted the diet, excluding tea, coffee, and sweets, in which he had freely indulged, and substituted milk and chocolate, I prescribed a remedy which I thought would most effectually strengthen the weakened nerves, viz., *Nux vom.* Gave it in the 30th potency, one dose nightly. Reported in two weeks slight improvement. Continued remedy two weeks more; reported worse. Then sent *Nux*<sup>2</sup>; at expiration of a fortnight received favorable report. Continued same remedy, changing potencies, when no further improvement was perceived.

During the year have prescribed in addition to *Nux vom.*, *Bell.*, *Causticum*, *Puls.*, *Verbascum*, *Cina*, and *Rhus*, with varying results.

In June of this year the patient spent two weeks in Camden, N. J., during which time the improvement was marked. Discontinued medicine for two weeks. Resumed medication with *Nux*<sup>12</sup> while patient was at May's Landing, N. J.; reported "better than ever in his life." After return to Asbury Park became worse. Still under treatment.

CASE 3.—Boy, aged 9 years; American, light hair, blue eyes. *Nocturnal enuresis, with night terrors, nightmare, somnambulism, involuntary stools, and enlargement of the cervical glands.* In early sleep usually cries, begs not to be whipped, walks around room with eyes open, beats head against wall. All efforts to arouse him from this state prove unavailing for over an hour. During the attack he calls upon relatives, not recognizing them when near him. Upon returning to consciousness, his whole body is bathed in a profuse cold perspiration. Enlarged lymphatic gland on the side of the neck. Has had as many as three of these attacks in one night. They are followed by much exhaustion next day. Suffers from pains above the navel. Have prescribed *Puls.*<sup>30</sup>, *Cina*<sup>12</sup>, *Sulph.*<sup>30</sup>, with benefit. The involuntary stools and nightmare seem to be in sympathy with each other. The enlargement of cervical gland disappeared after two months' treatment. The attacks are less

frequent, less severe, and more limited in duration. Case still under treatment.

CASE 4.—Boy, 10 years old; bilious, lymphatic temperament; light hair and blue eyes. *Nocturnal enuresis, with abdominal pains, involuntary stools, and abuse of tobacco.* Involuntary stools since infancy. Pains in epigastric region. For one year *Sulph.* and *Stramonium* controlled the affection, when patient, aping those older and wiser than he, began his culture in those manly arts, chewing and smoking tobacco. Since that time remedies have appeared limited in the duration of their action, improvement occurring, but ceasing speedily.

Have had two cases, boy and girl, afflicted with partial imbecility, accompanied by enuresis. Would be glad to have the views of my co-workers in the profession on this particular conjunction.

#### DISCUSSION.

REPORTED BY C. BARTLETT, M.D.

DR. MARTIN thought that, although homœopaths have better success in the treatment of enuresis than have the allopaths, still our results are not satisfactory. His results had been pretty much the same as those of Dr. Johnson. He had treated many cases. One had made an impression on him. It was that of a young man, a Jew, seventeen years of age, overgrown and weak. He had suffered since childhood, and, as a consequence, had grown depressed and gloomy; he shunned society, and became petulant. The trouble was increasing in severity too. *Phosphoric acid* was given in this case. A few drops of the 3d dilution were dropped on number forty pellets, three pellets to be taken every two hours. During the first week there was trouble but once or twice; after the first month there was no difficulty whatever. This was three years ago, and the boy still remains cured.

DR. MOHR called attention to the opinion held by some pathologists that enuresis is an epilepsy of the bladder, and that incontinence in boys is followed by epilepsy after puberty. He recalled a case in a woman who had been troubled with various nervous phenomena. Under the supposition that it was epileptic, she was placed by her allopathic physician on large doses of Bromide of potassium. This was soon followed by incontinence of urine. She lost flesh rapidly. She finally came under the care of Dr. Mohr. He gave her *Nux vomica*, and she was soon cured. He believed either that *Nux vom-*



ica antidoted Bromide of potassium very promptly, or that the enuresis was caused by the bromide, and that a discontinuance of the drug was followed by a cessation of the trouble. All the mental and nervous phenomena disappeared under the administration of *Platina*. Her symptoms were a sort of exaltation of mind; she thought her children were beneath her notice, and she would frequently curse them for that alone. There were no epileptic symptoms, but examination revealed induration of the cervix uteri.

DR. NORTON mentioned the case of a little girl, six years of age, who had enuresis nocturna. She was of a bland and gentle disposition. She received *Silica* in a high potency with some benefit. Treatment was discontinued before a cure was effected.

DR. MOHR said that, while Dr. Williamson advised that children be taught early to empty the bladder whenever they felt like urinating, Dr. Morgan referred to the retention of the urine as one of the "allopathic expedients." Which method followed by the best results?

DR. MORGAN said that depended on the nature of the case; each one must receive the treatment indicated.

DR. BIGLER had been successful in the treatment of enuresis. He was in the habit of giving *Benzoic acid* on the symptoms, dark-colored urine of an offensive odor. He had his patients empty the bladder at certain rather long intervals, believing it best through the day to encourage the child to retain the urine as long as possible. Moral influences are also very important. Do not frighten children. Punishing the children will do harm rather than good.

DR. WILLIAMSON did not intend to give the impression that he would have children constantly going to urinate. A child would naturally be expected to go more frequently than an adult, say, eight times a day. He believed that a distended bladder was a frequent cause of enuresis. He thought the question of reward an important one. He knew of a lady who gave her little boy so much per week for good behavior, with the result of completely curing him.

DR. DUDLEY could not boast of his experience in the treatment of enuresis nocturna. He had at present under treatment a case with this peculiar symptom. The child always wets the bed at midnight. No matter at what time the child retires, eight o'clock or eleven o'clock, the accident always happens at the same hour. Dr. Dudley thought that that symptom might lead him to the remedy for the case.

DR. MARTIN suggested that *Stramonium* or *Lachesis* might be applicable to Dr. Dudley's case.

DR. TOOTHAKER mentioned fright as a frequent cause of enuresis. His experience in the treatment of this disease had been as much eclectic or specific as homœopathic. He had his first case of enuresis about thirty years ago. He examined the case, and felt like giving a homœopathic prescription. He first gave *Nux vomica*; perhaps after two weeks he followed with *Rhus tox.*, and perhaps after two weeks he followed that with *Arsenicum*. His experience since then has led him to prefer *Arsenicum iodatum*. The patient did not get well, but after a few months he grew better. Then he had a state of health that he had never had before. Dr. Toothaker had had many cases since, and he thought perhaps he had too often given *Nux*, *Rhus* and *Arsenic*; however, nearly all the cases got well.

DR. JOHN E. JAMES thought that phimosis and glandulopreputial adhesions were very frequent causes of enuresis. Beneath the tightened foreskin the smegma will accumulate and set up irritation. A removal of the cause by circumcision will generally cure the difficulty.

DR. McCLATCHEY agreed with Dr. Williamson in recommending that a light be kept in the room at night, and he would go further and recommend that the means for evacuating the bladder should be rendered as comfortable as possible. Many children are timid, and getting up in the dark is a horrible idea to them. He had seen cases cured by giving the child a commode or chair, so as to make urination a comfortable act.

DR. MOHR was glad Dr. James laid so much stress on a careful examination of the penis for a possible explanation of the troublesome enuresis. He had seen a number of cases unsuccessfully treated by both homœopaths and allopaths, and without exaggeration believed that nine-tenths of these boys had elongation or redundancy of the prepuce. Circumcision cured the majority. These facts show the necessity of making a local examination of every case before successful treatment can be given.

DR. MORGAN had, during the summer just passed, treated a little boy, seven years of age, from Virginia. When eighteen months old his nurse used to quiet him by manipulation of the prepuce. The result was, that when the nurse was discharged he practiced it himself. In the course of treatment he received he was taken to Dr. Sayre, who operated upon him. This operation was ineffectual; later he was circumcised.

At the same time he was put on *Nux vomica*, or Strychnia, and the *Carbonate of iron*. When Dr. Morgan got the patient he was very irritable. All the children were afraid of him. He was malicious. A more turbulent child could not be found. Dr. Morgan gave him *Nux vomica*<sup>200</sup>, and in a couple of days *Hyoscyamus*<sup>200</sup>, with very good results.

DR. LEE did not think that the discussion had given sufficient prominence to the vice of masturbation as a cause of enuresis. Inquire into the habits of the child. Very often the breaking up of this habit will cure the patient.

DR. TOOTHAKER hoped that all physicians would instruct parents in regard to this vice. Let all young physicians resolve that they will be extraordinarily faithful, and not permit the vice of masturbation to enter any family of which they may have charge.

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## Miscellaneous Contributions.

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### HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA—PROCEEDINGS OF THE SEVENTEENTH ANNUAL SESSION.

REPORTED BY THE GENERAL EDITOR.

THE seventeenth annual session of the Homœopathic Medical Society of Pennsylvania was held at West Chester, commencing on Tuesday, September 20th. The first day's meetings were held in the parlor of the Turk's Head Hotel; but this room proving too small for the accommodation of the society, the subsequent meetings were held in Odd Fellows' Hall. All of them were largely attended, notwithstanding the profound impression caused by the death of President Garfield, just on the eve of the session.

FIRST DAY—*Morning Session*.—The society was called to order at eleven o'clock by the President, J. H. McClelland, M.D., of Pittsburg, and the *Order of Business* issued by the secretaries was adopted.

The annual address of the President was then delivered. The speaker asked the attention of his hearers to the present relation of our school of practice to the allopathic school, not, he said, with the hope of effecting any solution of the difficulties which keep the schools asunder, but in order to reach other ears than those of the members of this society. Homœopathy had grown out of the discovery of Hahnemann that



there is an unvarying relation between drug-action and disease. The discovery had been confirmed by numerous experiments and clinical observations, and was promulgated under the dogma, *similia similibus curantur*. It did more to make the practice of medicine "regular" than any discovery or doctrine that had preceded it, and yet it became a "rock of offence." Recently he, the speaker, had stood at the birth-place of Galileo, and thought of the parallelism between him and Hahnemann in the persecutions they had suffered in the cause of the advancement of science. Alluding to the ostracism to which homœopathists are subjected, he said: "We have not the slightest desire for association, professional or social, with any person or school where it would not be mutually agreeable." We are charged with practicing under an exclusive dogma, but wherein consists the exclusiveness of our practice of surgery, or obstetrics, or sanitation? It may be freely admitted that our profession has made some mistakes in its policy. For instance, when Hahnemann, in his effort to improve the medical practice of his time, was met with abuse and persecution, and driven from Leipsic, he retaliated by exposing the follies and absurdities of the pathology and practice of his enemies. Perhaps the same spirit too largely prevails in our day. The speaker believed, however, that among progressive allopathic physicians there is being exhibited a greater tendency to distrust their own teachings, and less prejudice with regard to ours, citing the remarkable address of Dr. Bristowe, delivered before the British Medical Association (allopathic), as illustrative of this important fact.

In reply to certain accusations brought against the homœopathic school, the speaker was ready to admit that the early homœopathic physicians, and many of the later ones, had felt the importance of devoting themselves more or less exclusively to the development of special medical therapeutics, to the temporary neglect of general medical science. This was simply a necessity thrown upon them by the needs of their early practice and the want of a sufficiently extensive materia medica. Complaint has also been made that our school has established distinct hospitals, colleges, etc., but that is a matter which our opponents can easily explain for themselves.

President McClelland then drew attention to some of the evidences and particulars of the recent development of our school. He cited the recent International Homœopathic Convention in London, whose meetings he had the pleasure of attending, as furnishing many proofs of the substantial growth

and progress of homœopathy in various parts of the world. Our literature also, he thought, gives marked evidences of constant improvement.

Among the subjects needing the attention of the society, the president suggested an important use for a State Board of Health, in a regular system of sanitary supervision of our public school buildings. Most of these buildings are abominably ventilated, and their general sanitary management is needlessly deleterious to the health of the inmates. There ought to be regular inspections of the buildings by competent officers, and the system might be extended to other public buildings and institutions, and possibly, sooner or later, to the inmates themselves. He recommended that the Committee on Legislation be instructed to urge this matter upon our next State legislature. He also recommended that the by-laws be so changed as to no longer restrict the president to the subject of "The Progress of Homœopathy" in his annual address. The restriction is calculated to confirm the idea that we are simply homœopaths, and not physicians.

In closing his address Dr. McClelland alluded in fitting terms to the decease of President Garfield on the preceding evening, dwelling briefly, but strongly, upon his high character as a statesman and as a Christian. He suggested that the society should take suitable action in reference to the subject.

The address was listened to with marked attention and interest by the physicians present, and at its close a committee, consisting of Drs. Jos. E. Jones, James B. Wood, and H. Pitcairn, was appointed to consider its recommendations and report to the society.

In the absence of Dr. R. E. Caruthers, Dr. W. J. Martin was appointed Corresponding Secretary, *pro tem.*

The roll of members was then called, after which the Board of Censors recommended the following physicians for membership, and they were duly elected, viz.: E. C. Parsons, of Meadville; H. E. Williams, Coatesville; W. B. Van Lennep, Philadelphia; H. L. Stambach, Philadelphia; Daniel Karsner, Germantown; Theodore M. Johnson, Pittston; J. W. Thatcher, Philadelphia; E. S. Sharpless, Philadelphia; S. A. Mullen, West Chester; C. E. Toothaker, Philadelphia.

Dr. Prosper Bender, of Montreal, was, upon the recommendation of the Board of Censors, elected a Corresponding Member of the Society.

The report of the treasurer was then received and referred

to an Auditing Committee, consisting of Drs. Wood, Mohr, and Parsons.

Reports were also received from the Corresponding Secretary; Committee on Publication; Committee on Legislation; the Homœopathic Medical and Surgical Hospital and Dispensary, of Pittsburg; the Homœopathic Hospital of Philadelphia; the Homœopathic Hospital of Pennsylvania, for Children; the Children's Homœopathic Hospital of Philadelphia; the Philadelphia County Society; the Allegheny County Society; the Society of Chester, Delaware, and Montgomery Counties; the Lippe Club, and others. The Pittsburg Hospital treated three hundred and twenty-nine house-patients during the year; the average duration of treatment being a fraction over twenty-nine days.

The Hahnemann Medical College, of Philadelphia, reported through Professor McClatchey, that its condition is flourishing, having had a class of one hundred and ninety-nine at the last session, with prospects of a goodly attendance during the coming year. The graduates at the last commencement numbered eighty-three.

The American Homœopathic Publishing Society reported, through Dr. Mohr, the issue of vol. iii of the *Guiding Symptoms* of Dr. Hering. Dr. Mohr also presented the resolution adopted by the Philadelphia County Society suggesting the raising of a fund to erect a monument in memory of Dr. Constantine Hering, the consideration of which was deferred.

DR. J. F. COOPER reported as delegate to the American Institute of Homœopathy. He also reported respecting the International Homœopathic Convention held in London last July. Very valuable papers were presented by synopsis, and discussed.

The Annual Report of the Neurologist, Dr. W. R. Childs, of Pittsburg, was received and referred to the Committee of Publication.

A committee was then appointed, consisting of Drs. R. J. McClatchey, J. H. Way, and L. H. Willard, to draft an expression of the sense of the society upon the death of the President of the United States, and report the same for action.

The society then took a recess until 3 o'clock.

*Afternoon Session.*—Upon reassembling, the committee which had been appointed before the hour of adjournment in reference to the death of President Garfield, made the following report:

The Homœopathic Medical Society of the State of Pennsyl-



vania, in regular annual meeting assembled at West Chester, Pa., this day, September 20th, 1881, has heard with saddened hearts of the death, last evening, at Long Branch, N. J., of the gallant soldier, wise statesman, good citizen, and beloved President, James A. Garfield, hereby attests its recognition of, and profound grief at, the great loss our country has sustained in this untimely decease, and hereby expresses its deep and heartfelt sympathy with the bereaved widow and orphaned children of our Chief Magistrate.

*Resolved*, That this action of the society be printed with its publications, and a copy thereof be sent by the secretary to Mrs. Garfield.

R. J. McCLATCHEY, M.D., Philadelphia,  
J. H. WAY, M.D., West Chester,  
L. H. WILLARD, M.D., Allegheny City,  
Committee.

Before the society adopted the resolution, Dr. Toothaker, of Philadelphia, paid a high eulogy to the deceased President, referring to his soldierly and statesmanlike qualities, and the high-toned, Christian deportment of the deceased. He also spoke of how the whole country, irrespective of party or creed, looked up to him as to a common father.

The resolution was unanimously adopted by a rising vote.

The question of the banquet which was to be tendered the society by the proprietors of the hotel was discussed, and it was decided to extend to them the thanks of the society, and on account of the calamity that has come over our nation, it was thought inappropriate, and therefore declined.

The Historical Committee reported progress, and was continued.

The next business before the society was the reports of bureaux. The first in this list to make a report was the Bureau of General Sanitary Science, Dr. Pemberton Dudley, of Philadelphia, chairman. He presented the following papers:

"Hygiene of Health Resorts," by S. C. Scott, M.D., Pittsburgh.

"Mountain Resorts," by R. V. Pitcairn, M.D., Allegheny City.

"Seaside Resorts," by S. M. Strong, M.D., Pittsburgh.

"Mineral Springs," by J. L. Ferson, M.D., Pittsburgh.

"Chalybeate, Sulphur, Alkaline, and Alkaline-Saline Springs," by J. Cooper, M.D., Allegheny.

"Sewerage and Ventilation," by J. B. Wood, M.D., West Chester.

"Disinfection," by A. R. Thomas, M.D., Philadelphia.

"Agriculture, in its Relation to Health," by Pemberton Dudley, M.D., Philadelphia.

A free discussion followed the presentation of these papers.

DR. BETTS, of Philadelphia, remarked upon the danger of depending alone upon water-traps in house-drains, unless their action be reinforced by an abundant water-supply. He urged the necessity of ventilating shafts of large section, extending above the roof, to receive the flow from all house-drains, and allow a free outlet of gas from the sewer.

DR. DUDLEY objected to the use of brickwork in the construction of sewers, as it allows the sewage to escape and contaminate the surrounding earth, from which its vapors escape into the air, or its soluble portions find their way into neighboring wells.

DR. A. R. THOMAS doubted if sewer gas is the formidable enemy to health that we sometimes imagine it to be. He cited the fact that in some large European cities, men who spend a large proportion of their waking hours in an atmosphere of sewer gas exhibit a degree of robust health scarcely consonant with the idea of a virulent poisonous quality of sewage, though he does not doubt that the gas is hurtful, and doubtless contains the organic germs of certain forms of disease.

DR. JOS. E. JONES cited a house-epidemic of diphtheria in which the poison was traceable to gas from a closed yard-cess, which communicated with the family rooms through the drains. The history of the epidemic, he thought, illustrated the opinion that an open sewer is less dangerous than a closed one. He suggested that in this case the poison was gaseous rather than organic.

PRESIDENT McCLELLAND, speaking of the unwholesome influence of the farmer's vocation, attributed much of his predisposition to ill health to his unwholesome diet, in which pork, pie, and preserves largely predominate. The discussion was further continued by Drs. J. C. Guernsey, J. C. Morgan, and several others. Adjourned to 8.30 P.M.

*Evening Session.*—The Bureau of Ophthalmology and Otolology presented its report, consisting of the following papers: "Accommodative Asthenopia," by W. H. Bigler, M.D., of Philadelphia; "Leucoma," by Joseph E. Jones, M.D., of West Chester. The papers were of the most interesting and

instructive character, and were discussed by Drs. Morgan, McClelland, Detwiller, and Dudley.

*SECOND DAY—Morning Session.*—The report of the Bureau of Surgery, Dr. C. M. Thomas, of Philadelphia, chairman, was first in order, and the following papers were offered: "Chronic Ulcers of the Leg," by L. H. Willard, M.D., of Allegheny; "Surgical Cases," by W. R. Childs, M.D., of Pittsburg; "Gonorrhoea, and its Treatment," by J. E. James, M.D., of Philadelphia; "Caries of the Tarsal Bones—Report of Case," by R. V. Pitcairn, M.D., of Pittsburg; "Villous Tumor of the Rectum," by John W. Detwiller, M.D., of Bethlehem; "Rapid Lithotrity," by C. M. Thomas, M.D., of Philadelphia.

Dr. Willard's paper insisted upon the homœopathic remedy as an essential in every case of chronic ulcer of whatever variety. In callous, indolent ulcers he favored incision of the edges and strapping as surgical adjuvants. Local applications, as a rule, should be of a mild, soothing character.

Dr. Detwiller's case of villous tumor led to the remark by Dr. C. M. Thomas that he had met with one case of a similar character, but they are not frequent. He regarded the growth as non-malignant, and believes it to be glandular in character, probably involving the Lieberkühn follicles.

The paper on tarsal caries alluded to the use of the dental engine in the removal of carious bone. Dr. Thomas mentioned a case which he had seen treated by Dr. Willard, of Allegheny, in the amphitheatre of the Hahnemann College, during the session of this society in Philadelphia in 1877. The disease involved the tibia, and had been unsuccessfully treated by the usual surgical method. Afterwards Dr. Willard's operation was completely successful. He believed Dr. Willard had been the first to employ the dental engine in such cases.

DR. McCLELLAND said Dr. Willard and himself had used the engine in the Pittsburg hospital one year earlier still,—1876.

DR. J. E. JAMES spoke of a portable hand-engine, which he thought would be in some respects better adapted to the uses of the surgeon than the dental engine, though his experience with it is as yet limited.

DR. J. J. DETWILLER illustrated the value of arnica in injuries of the tarsal bones, in a case where allopathic surgeons had insisted on amputation as the only proper treatment. Rest and careful treatment, on homœopathic principles, saved the



foot, although at one time gangrene seemed threatening. Arnica and cold water constituted the principal dressing.

PRESIDENT McCLELLAND recommended Hecla lava as a frequently indicated remedy in tarsal caries, and sometimes in similar affections of other bones. He cited a case in point: A gentleman had an exostosis of the tibia with an underlying caries extending half way through the compact structure of the bone. Dr. McClelland removed the exostosis, and the carious portions were carefully cut away. The violent pain, however, continued, and an allopathic surgeon declared it to be necrosed, and urged its removal. Hecla lava was now prescribed, and a complete cure speedily resulted.

DR. MOHR asked leave to remind physicians of the danger attending the incautious domestic use of arnica, this danger being probably due to the parasite infesting the plant, to which attention had been directed some years ago by Dr. Hering. He cited a case of injury, followed by fatal erysipelas, in which the symptoms pointed strongly to a suspicion of arnica poisoning.

DR. J. C. MORGAN suggested Calc. phos. as an oft-indicated remedy in bone diseases. In reply to a question of Dr. Dudley, he said the *local* symptoms calling for its use are simply those of impairment of bone nutrition.

DR. J. E. JAMES considered that the absence of any external opening communicating with the diseased bone is an additional local indication for the use of Calc. phos.

The paper on "Gonorrhœa, and its Treatment," by Dr. J. E. James, advocates the view that the disease is local, though it may affect various parts. There are no constitutional symptoms, and there is no period of incubation. The organic changes begin immediately upon the receipt of the morbid impression, and progress steadily through congestion, inflammation, abrasion, ulceration, and cicatrization. The treatment he recommends is Acon., Bell., Canth., etc., in the earlier stages, and Cannab., Hepar, Merc., Canth., Copaiva, etc., in the later stages. He insisted upon the necessity of keeping the seat of disease scrupulously clean, recommending for that purpose injections of water as hot as the patient can bear it. If conditions arise necessitating local medication, Hydrastis is one of the best agencies, but Zinci sulph., or Arg. nit., in dilute solution, may be preferred. Beer must be strictly prohibited; it is as likely to cause relapse as alcoholic liquors.

DR. LIPPE said, he did not agree with the paper. As soon as impure connection is had, the subject is sick from the crown

of his head to the sole of his foot. The infection has an incubative stage of from five to seven days. The homœopathic remedy is the only proper treatment, and injections even of water are harmful and should never be resorted to. He reviewed some of the well-known indications for the selection of the homœopathic remedies.

DR. H. N. MARTIN held that gonorrhœa is a local manifestation of a constitutional disease. It has its period of incubation like other general diseases which sooner or later manifest their effects in some local lesion. He also said that the use of coffee tends to bring on a relapse, until after the case is completely cured.

DR. MORGAN urged that in this disease the homœopathic remedy in a high potency will often act in a most satisfactory manner, though he was by no means an advocate of the exclusive use of high potencies. Terebinth, so administered, will often prove curative when properly indicated.

DR. DUDLEY reviewed the now generally accepted reasons for believing that the morbid cause of gonorrhœa is non-specific in its character, and that the disease has no incubative stage. He indorsed the treatment recommended in the paper, viz., "Homœopathy and cleanliness." He formerly resorted to injections of sulphate of zinc, permanganate of potash, etc., but his results were not so satisfactory as under his present methods.

DR. MORGAN called attention to the view recently expressed by Næggeroth, that a man who has ever had gonorrhœa guarantees ill health to the woman he afterwards marries.

DR. WILLARD'S experience had indicated to him that a period of seven to ten days intervened between impure contact and the development of the complaint, thus giving evidence of an incubative stage.

DR. J. E. JAMES, as an argument against the theory of an incubative stage, mentioned the fact that examinations with the endoscope exhibit the beginnings of hyperæmia and congestion within twelve to twenty-four hours after impure contact, in at least a large proportion of cases. The local changes begin, practically speaking, *at once*, though the *external* signs do not present themselves until later. Dozens of patients coming under his own observation, had attributed their attack to a neglect of their usual habit of cleansing the parts by injection immediately after exposure. He also alluded to the growing opinion that pus from any source will induce the same phenomena when applied to the urethral mucous surface.

DR. J. J. DETWILLER's treatment includes general antiphlogistic measures in the earlier stages, rest, avoidance of animal diet, etc. He uses no injections, not even water, but has the organ soaked in warm water a half hour or hour at a time. Remedies to be thought of are Thuja, Apis, Petroselinum, etc., in addition to those already mentioned by others present. In gleet, the use of the metallic bougie is usually and promptly beneficial.

DR. McCLELLAND considers gonorrhœa an infection which localizes itself in the urethra. He desired to say that according to his observation, injections are hurtful in any case of purulent urethritis, whether gonorrhœal or not.

DR. W. H. BIGLER spoke of bastard gonorrhœa as closely simulating the true disease, yet not originating in impure contact, but evidently in some leucorrhœal or other agency.

DR. MORGAN, in reference to a case mentioned in Dr. Childs's paper, recommended cutting through the fibula, and turning the fragment aside—not removing a portion as suggested in textbooks—in order to expose the peroneal artery for ligation.

DR. C. M. THOMAS's paper on "Rapid Lithotripsy" described an unusual case, in which the method of Bigelow had been successfully used by the writer, upon a uric acid calculus. 1875 grains were removed in two sittings, aggregating five and one-third hours.

Drs. J. Ross Swartz, of Harrisburg, William H. Tomlinson, and H. Augusta Kimball, of Philadelphia, and Newton May, of Holmesburg, were admitted to membership in the usual way.

The report of the Committee on the President's Address was then received. It recommends, 1st. A vote of thanks to the president and a request of a copy for publication in the *Transactions*. 2d. That the suggestion to enlarge the field allowed the president in the preparation of his address, be adopted. 3d. That the legislature be urged to establish a State Board of Health, as suggested in the address.

The first recommendation was adopted, the second deferred, the third referred to the Committee on Legislation. The society then ordered a recess until two o'clock P.M.

*Afternoon Session.*—The Bureau of Materia Medica, Dr. Charles Mohr, chairman, presented papers on

"Cinchona versus Quinine," by A. Lippe, M.D., of Philadelphia.

"A New Medicine," by W. J. Guernsey, M.D., of Frankford.



"Verifications of Unverified Symptoms in Allen's *Encyclopaedia*," by C. Mohr, M.D., of Philadelphia.

The Bureau of Gynecology, Dr. B. F. Betts, chairman, offered the following papers:

"Vaginitis," by R. E. Caruthers, M.D., of Pittsburg.

"Amenorrhœa," by H. Pitcairn, M.D., of Harrisburg.

"Clinical Cases," by Millie J. Chapman, M.D., of Pittsburg.

"The Advantages of Vaginal Packing in some forms of Uterine Displacement," by B. F. Betts, M.D., of Philadelphia.

"Acute Metritis, with Pelvo-peritonitis and Cellulitis—Clinical Case," by B. F. Betts, M.D.

DR. MORGAN, speaking to Dr. Betts's paper, recommended the use of cotton supporters, and described the method of making and applying the dumb-bell and crossed dumb-bell supporters. He then exhibited and explained the "Fowler Anti-impaction Pessary."

Drs. J. W. Pratt, of Coatesville, T. S. Dunning, of Philadelphia, C. W. Perkins, of Chester, D. B. Umstead, of Tacony, C. Bartlett, of Germantown, J. R. Mansfield, of Germantown, and Chandler Weaver, of Fox Chase, were elected to membership under the rules.

The Bureau of Obstetrics offered, through Dr. R. J. McClatchey, the following papers:

"My Fatal Cases of Midwifery," by Thomas Nichols, M.D., of Montreal, Canada, a corresponding member.

"Three Hundred Consecutive Cases of Midwifery in Private Practice," by M. M. Walker, M.D., of Germantown.

"The Treatment of Puerperal Eclampsia, Prophylactic and Remedial," by R. J. McClatchey, M.D., of Philadelphia.

DR. BIGLER spoke of remedies claimed to facilitate labor. He generally gives Arnica a week or two previous to labor.

DR. DUDLEY cited cases in which *Cimicifuga rac.*, given in drop doses of the first decimal dilution twice daily for three weeks previous to parturition, had seemed to shorten labor to a remarkable degree, by relaxing the retaining uterine fibres.

The society then took a recess.

*Evening Session.*—DR. WALKER, of Germantown, offered some practical and suggestive remarks upon the management of labor, and exhibited several varieties of obstetric forceps.

In response to a question Dr. J. F. Cooper said he had seen cases in which perineal laceration had been caused by the child's shoulders after the head had been safely delivered. The remark was corroborated by Drs. J. B. Wood and A. Korn-

dœrfer. The latter gentleman estimated that probably one-third of the cases under his observation had been thus produced.

The Bureau of Clinical Medicine was next in order, and the chairman, Dr. W. J. Martin, presented its papers as follows:

"Vinegar in Variola," by Dr. — Doolittle, of Easton.

"Lachesis in Cerebro-spinal Meningitis," by H. Pitcairn, M.D., of Harrisburg.

"Fragaria Vesca in Agalactia," by Z. T. Miller, M.D., of Pittsburg.

"Post-scarlatinal Dropsy," by Z. T. Miller, M.D., of Pittsburg.

"Pruritus," by W. Jefferson Guernsey, M.D., of Frankford.

"Six Cases of Intermittent Fever," by Paz Alvarez, of Madrid, Spain.

"Alcohol in Typhoid Fever," by J. H. Marsden, M.D., of York Sulphur Springs.

"Some Local Causes of Diphtheria, and Is It Highly Contagious?" by Joseph E. Jones, M.D., of West Chester.

"Observations on 118 Consecutive Cases of Typhoid Fever, with Two Deaths," by W. J. Martin, M.D., of Pittsburg.

"Epilepsy," by the Philadelphia County Homœopathic Medical Society. This paper consisted of the following sections:

"Causes and Symptoms," by John C. Morgan, M.D.

"Pathology and Morbid Anatomy," by William C. Goodno, M.D.

"Diagnosis and Prognosis," by Aug. Korndœrfer, M.D.

"General Treatment," by Charles Mohr, M.D.

"Homœopathic Treatment," by E. A. Farrington, M.D.

"Clinical Cases," by Drs. C. Neidhard, H. Pitcairn, G. E. Gramm, C. S. Middleton, W. J. Martin, R. J. McClatchey, J. C. Morgan, and others.

DR. J. J. DETWILLER, in discussing Dr. Doolittle's paper, suggested that *Cimicifuga rac.* is strongly indicated in cases of variola, particularly by the early symptoms. He has used it with remarkably beneficial results and commended it to the consideration of physicians. He thought it might sometimes prove to be prophylactic.

DR. KORNDÆRFER urged the use of the Cyanide of potassium as a prophylactic, a solution being sprinkled in suitable places about the house to destroy the infection. He, of course, enjoined care in its use.

DR. C. VANARSDALEN suggested Zylol—a compound ob-

tained by dissolving tar in ether—as an excellent disinfectant, in some forms of contagious disease:

DR. WOOD wished to mention favorably the action of *Digitalis* and also of *Zinci sulph.* in variola, and also in typhoid fever. He based his recommendation upon his own observation and experience.

The subject of post-scarlatinal dropsy elicited from Dr. Morgan a suggestion of the admirable action of the higher potencies in its treatment. He has cured a case with *China 2°*. He also related an instance where *Bryon. 2°* and *Nux v. 2°* had shown marked power over the condition. He did not wish to be understood as advocating the exclusive use of the high preparations in these cases, but was sure they would prove highly satisfactory in many instances.

Upon the subject of "*Fragaria Vesca* in *Agalactea*" an unusual discussion occurred. Nobody had any cures to present. Dr. Korndorfer had used it in three cases. It failed every time. Dr. Vanartsdalen has a patient in whom the milk-function always fails gradually and soon ceases entirely. After her last confinement he administered *Fragaria* and the milk "dried up immediately."

THIRD DAY—*Morning Session*.—The consideration of the report on Clinical Medicine was resumed, and Dr. C. E. Toothaker, of Philadelphia, exhibited a fine specimen of the Fireweed, *Erechtites hieracifolius*, and gave a brief account of its medicinal virtues.

Following the paper of Dr. Alvarez on "Intermittents," Dr. Morgan discussed the pathology of the disease, especially in its relation to the action of certain remedies, such as Sulphur, Silicea and others, which some practitioners are disposed to think can have only the most distant relation to intermittent fever.

DR. JONES's paper on "Some Local Causes of Diphtheria" embraced an account of two house-epidemics of the disease, both traceable to sewage poison, and neither extending beyond the persons of those who were directly exposed to the sewage exhalations. The paper was discussed by Drs. Toothaker, Morgan, Martin, Vanartsdalen, and Dudley.

A communication was received from the corresponding secretary of the West Jersey Homœopathic Medical Society, tendering an invitation to the members to attend its next meeting, to be held next month at Vineland, New Jersey. On motion the secretary was instructed to tender the thanks of this society for the kind invitation. Adjourned to two o'clock P.M.

*Afternoon Session*.—The Committee to Revise the Constitu-



tion and By-laws of the Society, appointed a year ago, presented their report. Its recommendations were considered in order, some amendments made, and then the report was adopted.

A vote of thanks was tendered to the *West Chester Republican*, *Daily Local News* and *Village Record*, and to the *Philadelphia Ledger*, for publishing careful reports of the proceedings. Mr. T. L. Ogier, the representative of the *Republican* and other newspapers, was also the recipient of the well-deserved thanks of the society. The *HAHNEMANNIAN MONTHLY* was likewise very kindly remembered.

It was decided to hold the next meeting of the society at ALTOONA, September 5th, 1882, the Executive Committee, however, to have certain discretionary power as to the time of meeting.

The society then proceeded to an election for officers to serve for the year ensuing. These officers enter upon their duties, January 1st, 1882. The following were declared elected.

*President*.—John C. Morgan, M.D., of Philadelphia.

*First Vice-President*.—Pemberton Dudley, M.D., of Philadelphia.

*Second Vice-President*.—James B. Wood, M.D., of West Chester.

*Treasurer*.—J. F. Cooper, M.D., of Allegheny.

*Corresponding Secretary*.—R. E. Caruthers, M.D., of Allegheny.

*Recording Secretary*.—Z. T. Miller, M.D., of Pittsburg.

*Neurologist*.—William R. Childs, M.D., of Pittsburg.

*Censors*.—R. J. McClatchey, M.D., Joseph E. Jones, M.D., and Maria N. Johnson, M.D.

The President announced the following appointments:

*Committee of Arrangements*.—The officers of the society.

*Committee on Subscriptions*.—J. F. Copper, M.D.

*Committee on Legislation*.—Drs. L. H. Willard, J. B. Wood, J. K. Lee, H. Pitcairn; to which the society added the name of Dr. J. H. McClelland, the President.

*Committee of Publication*.—Drs. Z. T. Miller, R. E. Caruthers, J. F. Cooper, T. M. Strong.

*Historical Committee* (continued).—Drs. Joseph C. Guernsey, H. Detwiller, A. R. Thomas, C. Mohr, Joseph E. Jones, J. H. Marsden, M. M. Walker, F. R. Schmucker, J. K. Lee, of Johnstown, R. J. McClatchey, and *ex officio*, the Secretaries of the society.

*Delegates to American Institute of Homœopathy*.—Drs. J. C.

Burgher, H. Detwiller, S. F. Shannon, D. M. Graham, C. Vanartsdalen.

*Bureau of Sanitary Science.*—Drs. Pemberton Dudley, Clarence Bartlett, C. C. Rinehart, J. F. Cooper, J. R. Mansfield.

*Bureau of Homœopathic Institutes and Clinical Medicine.*—Drs. C. F. Bingaman, C. E. Toothaker, S. F. Charlton, W. J. Martin, A. Korndorfer, A. Lippe, S. A. Mullin, M. Preston.

*Bureau of Organization, Registration, and Statistics.*—Drs. R. E. Caruthers, J. C. Guernsey, F. R. Schmucker, J. R. Schwartz, J. L. Ferson.

*Bureau of Podology.*—Drs. J. K. Lee, C. W. Perkins, H. Augusta Kimball, H. H. Hofmann, W. F. Edmunson.

*Bureau of Pathology and Pathological Anatomy.*—Drs. W. C. Goodno, A. R. Thomas, H. M. Bunting, W. B. Van Lennep, J. B. McClelland.

*Bureau of Surgery.*—Drs. J. J. Detwiller, L. H. Willard, S. C. Scott, W. R. Childs, C. M. Thomas, J. E. James.

*Bureau of Materia Medica, Pharmacy, and Provings.*—Drs. H. Noah Martin, Z. T. Miller, M. S. Williamson, Chas. Mohr, T. S. Dunning, H. Pitcairn, E. A. Farrington.

*Bureau of Ophthalmology and Otology.*—Drs. Joseph E. Jones, W. H. Winslow, W. H. Bigler, B. W. James, J. W. Detwiller, E. S. Sharpless.

*Bureau of Gynecology.*—Drs. B. F. Betts, J. C. Morgan, J. C. Burgher, Anna M. Hawley, Millie J. Chapman.

*Bureau of Obstetrics.*—M. M. Walker, C. P. Seip, J. H. Way, J. H. Marsden, R. J. McClatchey, H. N. Guernsey.

President McClelland, in announcing the bureaus said, while he had retained some well-tried members on each of the bureaus he had also included thereon a large number of the new, and especially of the younger members. In doing this he had a threefold object: 1st, to continue in active service the efficient workers of the society; 2d, to enlarge and strengthen, as far as possible, the working element of the organization; and, 3d, to induce young physicians to engage in society work as a most efficient means of encouraging scientific investigation.

The society then adjourned, and the members separated with many hand-shakings and expressions of the pleasure and profit they had derived from their attendance on the session.

## MAINE HOMŒOPATHIC MEDICAL SOCIETY.\*

THIS society held its fifteenth annual session in Augusta, June 7th. Dr. J. H. Knox, of Orono, presiding. The report of the Committee on Publication, W. L. Dodge, M.D., chairman, suggested that if some of the papers were revised, and others reported more carefully, these, with the other valuable MSS. now on hand, would enable the committee to issue, perhaps during the year, a very presentable volume of transactions.

The report of the Committee on Legislation, W. T. Laird, M.D., chairman, urged the importance of additional legislation for the protection of both the profession and the public. The report says:

"The laws of Maine, as they now stand, virtually offer a premium to quackery. Chap. xiii, Sec. 3 of the Revised Statutes reads as follows; 'No person except a physician or surgeon, who commenced practice prior to February 16th, 1831, or has received a medical degree at a public medical institution in the United States, or a license from the Maine Medical Association, shall recover any compensation for medical or surgical services, unless prior to such services he had obtained a certificate of good moral character from the municipal officers of the town where he then resided.'

"That is to say, *morality* is equivalent to a thorough medical education, and a properly attested certificate of good moral character has the same legal value as a diploma or license to practice! The druggist who puts up a prescription is compelled to pass a rigid examination, but in regard to the physician who writes the prescription, the law holds that his morality (properly certified by the municipal authorities) will enable him to infallibly distinguish between a safe and a poisonous dose!

"An item is now going the rounds of the medical press to the effect that Maine is a paradise for quacks, as shown by a recent decision of one of the courts, which compelled the defendant to pay the bill of a clairvoyant for medical services, although it was not only proved, but admitted, that the plaintiff had neither medical education nor medical knowledge.

"Any broken-down adventurer, by first securing this certificate of good moral character (no very difficult task!) can assume the title of Doctor, and by liberal advertising and the use of other unprofessional means which *we* are forbidden to employ, can obtain more patients, charge and collect larger fees, and make more money than any two thoroughly educated, scientific physicians. Every person present can testify that this is not an imaginary picture. These things are of daily occurrence.

"In view of these facts the committee would earnestly recommend that the society take immediate and concerted action to secure the passage of a bill, by the next legislature, similar to the Registration Law of New York and Pennsylvania."

(The principal features of the proposed law are here given in the committee's report.—Eds.) The following persons are to be exempt from its provisions:

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\* This report was not received until about the middle of September, hence its late appearance in our pages.—Eds. H. M.



"1. All physicians and surgeons who commenced practice prior to January 1st, 1870.

"2. Medical students practicing under the supervision of their preceptors.

"3. Physicians from other States called in consultation by physicians of Maine.

"This law is non-sectarian. It prescribes no shibboleth of practice, but leaves the question of treatment to the individual judgment and conscience of each practitioner. It *does* demand that educated physicians shall be protected, and that the lives and health of our citizens shall not be intrusted to the hands of ignorant and incompetent pretenders. Your committee have valid reasons to believe that the allopaths will unite with us to secure the passage of this law. We shall have the support of the educated, intelligent portion of the community, and the only serious opposition will come from the quacks, whom this law will compel to leave the State, or to adopt some *honest* means of gaining a livelihood.

"W. T. LAIRD, M.D.,

"M. S. BRIRY, M.D.,  
"Committee."

The report was recommitted to the present committee, with power to act. The Board of Censors reported favorably upon eight applications for membership. Delegates were then appointed to the American Institute of Homœopathy, and to the other New England societies. The bureaus of scientific subjects then reported, and their papers were discussed by the members. These reports embrace the subjects of *Materia Medica*, Clinical Medicine, Surgery, Obstetrics, Gynæcology, and Pharmacy. All the papers were well prepared, and their presentation and discussion evinced a hearty interest in the society's work, and a strong confidence in the truth of the law of similars.

The following officers were chosen for the ensuing year: President, W. T. Laird, M.D., Augusta; Vice-Presidents, E. F. Vose, M.D., Portland, and D. C. Perkins, M.D., Fairfield; Treasurer, L. H. Kimball, M.D., Bath; Recording Secretary, W. F. Shepard, M.D., Bangor; Corresponding Secretary, C. H. Burr, M.D., Portland; Censors, William Gal-lupe, M.D., Bangor, M. S. Briry, M.D., Bath, W. L. Thompson, M.D., Augusta, J. H. Knox, M.D., Orono, G. P. Jeffers, M.D., Bangor; Committee on Publication, R. L. Dodge, M.D., Portland, S. E. Sylvester, M.D., Portland, W. F. Shepard, M.D., Bangor; Committee on Legislation, W. T. Laird, M.D., Augusta, N. G. H. Pulsifer, M.D., Waterville, M. S. Briry, M.D., Bath, S. E. Sylvester, M.D., Portland.

Adjourned to meet in Augusta the first Tuesday in June, 1882.

W. F. SHEPARD, M.D.,

Recording Secretary.

# HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE regular meeting of the society was held on the evening of September 8th, 1881, at the Hahnemann Medical College, Dr. W. B. Trites, the president, in the chair. Considering the heat of the weather, the attendance was large, fifty-five physicians being present.

The minutes of the last meeting (held in June) were read and approved.

On behalf of the committee selected to prepare a paper on "Epilepsy" for the State Society meeting, Dr. C. Mohr reported as follows :

"I beg leave to report that the paper is in process of preparation, and, in due time, will be completed. Although one hundred and fifty postal cards, to as many physicians, were sent out by Dr. Farrington and myself, asking for an account of the history and treatment of any cases of epilepsy, which had been relieved or cured, and although the same request was made through the August HAHNEMANNIAN, only a beggarly few have responded, and this in a matter in which the whole profession is, or should be, deeply interested. We still extend to the profession, and especially to the members of this society, the invitation, and trust that every one who has any experience to offer will yet communicate with either Dr. Farrington or myself. The lack of interest so far is due either to *laziness*, which is inexcusable, or else to a *poverty* of remedial means in this disease. Which is it?"

Report accepted.

The Committee of Conference on Blockley Hospital reported as follows :

"The joint committee on the introduction of homœopathic treatment into the Philadelphia Almshouse organized on the evening of June 21st, by electing Dr. J. K. Lee, *chairman*, and Dr. W. B. Trites, *secretary*.

"A petition, setting forth the reasons why our system of medicine should be admitted to the wards of Blockley Hospital, has been presented to the Board of Guardians of the Poor. It was respectfully received by them, and referred on June 28th to the Hospital Committee, of which Mr. Peter Lane, Jr., is chairman. The petition has not yet been acted upon, but a letter just received, in reply to one asking for information, states : 'When we have a full committee meeting, it shall be considered in detail, when we will again do ourselves the pleasure of communicating with you.'"

DR. MARTIN moved that the report be accepted and the committee continued. Carried after some discussion. Dr. Morgan urged unity, making a point to say that "no matter whom the introduction of homœopathy into the almshouse might elevate to a post of honor, we must put aside all jealousies and work together for the common cause. It will not do for any man, who is asked to work, to inquire how this is going

to affect some other man ; if we cannot rise superior to selfish motives, our efforts will fail. Let every one pledge himself to do all he can to attain the object desired, without expecting anything himself."

Under New Business, Dr. J. K. Lee presented the following :

WHEREAS, Dr. C. Hering, by the devotion of his eminent abilities to the cause of homeopathy and the enrichment of her literature by the contributions of his diligent pen, has left his indelible impress upon her history, and won a lasting claim to the consideration and respect of her votaries, and

WHEREAS, It is fitting that an opportunity should be given to every member of the profession to evince his appreciation of these valuable services, therefore,

*Resolved*, That the State Society be requested to initiate a movement, to secure the collection of funds sufficient for the erection of a suitable monument to the memory of Dr. Hering.

Carried.

DR. JOSEPH C. GUERNSEY, on behalf of a number of physicians, stated that it has been decided to open a library and reading-room for the homœopathic profession in Philadelphia, where all who choose may read books and medical journals, or spend time in social intercourse, which will tend to establish an *esprit de corps* among Philadelphia homœopathsists such as has not yet existed. The plan is to invest the government of such library and reading-room in a board of directors, to consist of one delegate from the college faculty, one from the County Society, and one from every other organized society and club of the city.

The object and plan met with the approval of the members present, and, on motion, Dr. J. C. Guernsey was appointed to represent the County Society on the board of directors.

Notice was given of the meeting of the State Society to convene at West Chester on September 20th, and the secretary was duly appointed delegate to represent the County Society.

DR. CHARLES MOHR referred to the late address of the president, and said:

"Among the many very useful suggestions contained in President Trites's inaugural address, one, it seems to me, merits especial attention and action. He says :

'I have noted in our proceedings a want of freedom in the discussion of papers submitted by the various bureaus. I imagine this to arise from two causes: First, from a diffidence common to all men not accustomed to public speaking. I hope this species of modesty will be overcome. A victory over it will certainly redound to the interest of our meetings. Let us remember that we are not here to listen to pretty speeches, but to seek the truth, and you, my diffident friend, may have the very kernel we are look-



ing for, locked up in your bosom. Burst through your diffidence, and give us your thoughts; the world excused the stammering of Demosthenes when it listened to his divine thought.

'Again, this want of freedom is due and by far the greater part of it owes its origin to the fact that sufficient notice is not given of the subjects which are to form the reports of bureaus. The majority of us cannot discuss abstruse and difficult matters in medicine without preparation, and the time intervening between the receipt of the secretary's notice and the meeting is far too short for any such preparation. I would, therefore, suggest to the several chairmen, to have the titles of papers to be submitted, in the hands of the secretary at the meeting preceding the one on which the report is to be read. I am in hopes that this will make the discussions at our future meetings even more interesting than those of the past.

'Again, members of bureaus should not forget that the by-laws limit reports to thirty minutes. This is an exceedingly short time, but if the papers are to be discussed with any degree of fulness, . . . such a limit must be regarded.'

"I trust these suggestions will be carried out, and that the spirit of our by-laws relating to bureau work will be more rigidly adhered to. These read:

'SECTION 2. Each of these bureaus shall consist of five members, and the chairman of each bureau for the ensuing year shall be appointed by the president immediately following the closing of a bureau, and the chairman so appointed shall select his own associates, handing to the secretary a list of the names, so that they shall be announced to the society at the following meeting.

'SECTION 3. The chairman of each bureau, as soon as possible after appointment, shall call together his associates, and organize in such manner that, at the stated time, they shall present a résumé of discoveries and progress made in their special department since the bureau's last report, together with original papers upon their special subject to be read to the society for discussion. The report, including the reading of the papers, shall not exceed thirty minutes in presentation, and the discussion thereon shall not exceed sixty minutes.'

"It is thus evident that any bureau report is not to exceed thirty minutes in its presentation, *in order to allow one hour for discussion*. The *discussion* is, therefore, deemed the most valuable part of the meeting, and so it would be, if properly and fairly conducted, because in it the experience of various and many physicians on any subject may be given,—experiences, as a rule, never before divulged, and hence not found in text-books and encyclopædias, from which most elaborate papers are sometimes constructed.

"I do not wish to underestimate the value of paper-writing; by all means let that be done. Exhaustive papers are very useful, and, if the chairman of each bureau and his associates would but select *one* subject, and between them write it up thoroughly, and submit a synopsis of it, occupying not more than thirty minutes in its presentation, and then invite discussion on debatable points, the object of the bureau plan of work will

have been best secured. Those who may desire can read the paper *in extenso*, when published in the HAHNEMANNIAN.

"It is not expected, of course, that such a rule shall be inflexible, for it must be remembered that some of the bureaux are composite in character, and must report on different branches on the same evening; take, for example, the Bureau of Ophthalmology, Otology, and Laryngology; in this case three separate papers might be prepared without violating the spirit of our by-laws.

"In order to secure, if possible, an end so much desired by the framers of our by-laws and our worthy president, I hereby propose the following resolution, viz.:

"*Resolved*, 1. That the chairman of each bureau be requested to select for elaboration, whenever feasible, one special subject to be prepared jointly by him and his bureau associates.

"2. That the subject, as well as the method of its preparation or division into sections, and the writers thereof, be reported to the society at the meeting previous to its presentation for discussion.

"3. That, if the reading of any paper exceed thirty minutes, only a synopsis of its salient features, not exceeding that time, be made to the society before the opening of the discussion.

"4. That the discussion be limited to five-minute speeches, and that no one be allowed a second speech on the same division of the subject, except by permission of the society."

Adopted.

The secretary announced that he had made arrangements for the publication of the society's proceedings, and papers, and discussions, in such shape as to enable each member to have them bound for preservation, and that the parts, as issued from time to time, would be forwarded to each member.

In order to procure fuller reports of the discussion of bureau papers, Dr. C. Mohr requested the society to invite Dr. C. Bartlett to act as stenographer for the society for such purpose. Dr. Bartlett was thereupon invited, and he, after acceptance of this post of honor and work, was duly installed.

Dr. H. A. Kimball was proposed for membership by Dr. Maria A. Johnson. Referred.

The Bureau of Pædology, John C. Morgan, M.D., chairman, then submitted a paper on "Nocturnal Enuresis," which was read, accepted, and discussed.

At the close of the discussion, Dr. C. E. Toothaker, by special permission, read the following paper, relating to the treatment of President Garfield:

"Since the last meeting of this society, events have occurred of uncommon interest to us, not only as individuals and mem-

bers of the body politic, but also as physicians, and especially as homœopathic physicians.

"For many reasons these occurrences seem to demand of the homœopathic physicians of this country, especial, careful, and wise consideration.

"Since the President of these United States was struck down by an assassin's bullet, the physicians in charge have to an extent, and in a manner altogether unprecedented, issued frequent daily bulletins, informing the public, as well as the profession, of the condition of the patient, of the means adopted for his relief, and the results of the various mechanical or surgical appliances; of the medicines administered, their quantity, and the mode of their administration; of the means adopted for the nourishment of the patient, and of all the treatment and conditions necessary, or supposed to be necessary for, or conducive to, his recovery. For thus opening the sick-room to the public, and giving a full and clear exposé of what has been heretofore considered the exclusive province of the physician, many persons think the physicians in attendance deserve and should receive the thanks of the public, and should ever be held in grateful remembrance. But, in doing this, these physicians have opened up a new era in medicine; an era in which the sick-room need no longer be a medical cloister, accessible only to the physician, and perhaps, in rare instances, to the nurse; an era in which the means employed by the physician for the restoration of health may be much more accessible to the public than heretofore.

"One question which seems to me to arise, and to press itself upon our immediate consideration, is this: How far are the homœopathic physicians of this country, as individuals, and as a body, prepared to sustain this new departure, and to allow *their* treatment of individual cases to become public property, whenever public interest or public curiosity may demand?

"But the question forced upon us, as homœopathic physicians, and which seems to me to take precedence of all others, at this particular period, is a question of duty; the duty we owe to ourselves, the duty we owe to the principles and to the profession of which we are the representatives, in view of all the circumstances attending the treatment the President has received during these months of suffering, and the duty we owe to society, not only to society of the present day, but to the society of the future.

"The frequent bulletins which have been scattered broad-



cast over the land, published in every secular local paper, and been spread to a certain extent throughout the world, have contained medical doctrines and opinions, and details of medical treatment, by a considerable number of allopathic physicians of eminence and skill in their profession, which have done more to educate the people in the principles and practice of allopathy than perhaps any other event of the century. How far have these principles and opinions, and this practice, been in accord with the principles of homœopathy, and could we look for as good or for better results in such a case as this, under homœopathic treatment?

"I doubt not that in the opinions expressed, and the practice pursued by the eminent men who have had charge of this case, some things may be found to be in perfect accord with the principles of homœopathy, and, therefore, worthy of every commendation. But it seems to me that in the main these opinions, and the practice consequent thereupon, have been directly opposed to the doctrines taught by Hahnemann, and inculcated by a large proportion of intelligent homœopathic physicians for the last fifty years; that they are behind the true knowledge and spirit of the present age, and should therefore receive our unqualified condemnation. How, when, and where shall this condemnation find expression? How shall this expression be made coextensive with the erroneous opinions and practice of which it should be an efficient antidote, and what action should this society, as a society, or we, as individuals, take in this present emergency?

"These questions demand our earnest consideration, and should receive an emphatic answer."

Various opinions were expressed relative to the questions raised by Dr. Toothaker's paper; some thought the society ought to take action and criticise the treatment, others thought not, and finally, the whole subject was laid on the table, on motion of Dr. R. J. McClatchey, who argued that, although elevated to the highest public trust, the President was still a private individual, and had a perfect right to choose his own physicians, and that we had no right, as a society, to criticise his choice, nor the treatment given him by his medical advisers; although others argued that as the treatment had been made public, it was a proper subject of public criticism, without regard to the public or private position of the patient.

Dr. John K. Lee was appointed Chairman of the Bureau of Pædology for the ensuing year. Adjourned.

## SOME CLOSING WORDS ABOUT THE I. H. A.

EDITORS HAHNEMANNIAN MONTHLY: That I did not labor under the misapprehension that you had designed your August editorial solely as a reply to my August letter, is evident from the language used in my letter printed in your September number, in which I alluded to your remarks as an "exploring expedition," meaning, of course, that you had gone beyond the points embraced in my August letter, and into a general consideration of matters connected with the International Hahnemannian Association. Nevertheless, I was not thereby precluded from commenting upon some of the discoveries resulting from your explorations, and I accordingly availed myself of that privilege in my last letter.

Among others, I referred to the common use of the cognomen "Hahnemannian," both by your journal and our association; as I also alluded to the use of that of "Hahnemann" as a prefix to your Philadelphia club; and, I may now add, to your medical college, also; thus evincing how intensely "Hahnemannian" our Philadelphia brethren are, and, in name at least, how closely allied to the I. H. A. I, for one, am glad that it is so, as I have ever held our Philadelphia doctors in great respect, and for those of them with whom I am acquainted I entertain a sincere regard. But,—there is ever a "but" or an "if" in the way,—I do not quite relish, nor yet recognize the claim implied in your last editorial, that the use of the name of Hahnemann by you, as a mark of honor, is to be denied to us, and other motives ascribed for a similar use of it by us. In my last letter I accorded to you, as I claimed for our association, "the same honorable intent," in appropriating the name of Hahnemann for a similar use. I was, therein, more generous, if not more just than you, as you have, by implication, at least, ascribed our use of it to less worthy, if not to wholly sinister motives. I most respectfully protest against your assumption of pre-eminent merit over us, for "a desire to honor the name" of Hahnemann, and shall now proceed to show wherefore I do thus "object."

It was, perhaps, reprovingly said by the great Founder of Christianity, in a familiar talk with his immediate followers, "If ye love (it might have been written *honor*) me, keep my commandments." As that sentiment is a truism, it needs no comment. The I. H. A. organization, as you say, was effected by the adoption of certain resolutions, two of which you quote in your last editorial, viz.: "Whereas, we believe the *Organon*

of the *Healing Art*, as promulgated by Samuel Hahnemann, to be the only reliable guide in therapeutics, and whereas, this clearly teaches that homœopathy consists in the law of similars, the totality of the symptoms, the single remedy, and the minimum dose of the *dynamized drug*, and *these not singly but collectively*," etc., "Therefore, Resolved, That *for the purpose of promoting these sentiments*, and for our own mutual improvement, we organize ourselves into an International Hahnemannian Association," etc. I shall now refer "to the law and the testimony" to ascertain if the I. H. A. was warranted in setting forth these propositions as the basis of its organization. I shall, therefore, quote from the "*Organon of Homœopathic Medicine*," of Samuel Hahnemann, to show that it is fully sustained thereby in all it has thus set forth. I quote from the third American edition, published by William Radde, A. D. 1849. The *Organon* consists of a series of paragraphs, each of which is a distinct proposition, numbered respectively from 1 up to 294, constituting a consecutive series, each of which is entitled to the same consideration as is every other, and is clothed with the same importance and authority, if authority may anywhere be attached to the work, or to it as a whole.

Section 16, on page 101, reads as follows, viz.:

"By the operation of injurious influences from without upon the healthy organism, influences which disturb the harmonious play of the functions, the vital principle, as a spiritual dynamis, cannot otherwise be assailed and affected than in a (dynamic) spiritual manner; neither can such morbid disturbances, or, in other words, such diseases, be removed by the physician except, in like manner, by means of the spiritual (dynamic virtual) countervailing agency of the suitable medicines, acting upon the same vital principle, and this action is communicated by the sentient nerves everywhere distributed in the organism, so that curative medicines possess the faculty of restoring, and do actually restore health, with concomitant functional harmony, *by a dynamic influence only* (my italicism), acting upon the vital energies, after the morbid alterations in the health of the patient, which are evident to the senses (the totality of the symptoms), have represented the disease to the attentive and observant physician as fully as may be requisite to effect a cure."

I have quoted the paragraph entire that its whole scope may be noted. It is apparent that here the author uses the words spiritual and dynamic as interchangeable terms; whereas, the commonly understood and accepted signification of the word



"spiritual" is quite different from that of dynamic; and we now say "vital force," instead of "vital principle," as in the text of this paragraph. Moreover, it is evident that the term dynamic, as parenthetically used by the author, is intended as explanatory of his ideas of "spiritual," in this connection.

Section 26, on page 106, is as follows, and to the same point, viz.:

"This phenomenon is founded on the natural law of homœopathy,—a law unknown till the present time, although on all occasions it has formed the basis of every visible cure,—that is to say, *a dynamic disease in the living economy of man is extinguished in a permanent manner by another that is more powerful, when the latter (without being of the same species) bears a strong resemblance to it in its mode of manifesting itself.*"

The italics here are in the text, and indicate the importance of the ideas advanced in the estimation of the writer, and the emphasis with which he maintains the dynamic dogma.

With the reproduction of one more paragraph from this justly esteemed work of the author of homœopathic therapeutics, the grand old "master," I shall "rest my case," and leave your readers to judge whether or not the *Organon* inculcates "dynamization." This is Section 269, p. 217, viz.:

"The homœopathic healing art develops for its purposes the immaterial (dynamic) virtues of medicinal substances, and, to a degree previously unheard of, by means of a peculiar and hitherto untried process. By this process it is that they become penetrating, operative, and remedial; even those that, in a natural or crude state, betrayed not the least medicinal power upon the human system."

And there are many more paragraphs in this great work that directly and corroboratively enforce and maintain the same doctrine; these may be perused at the convenience of all those of your readers who desire farther to investigate this matter.

If the foregoing quotations indicate that "the dynamization theory was a 'supplementary principle' (*as you use the word supplementary*), and Hahnemann so considered it," then may the entire *Organon* be held as supplementary. But Worcester defines that word thus: "*Supplementary*, supplying deficiencies or defects," and "*Supplement*, an addition by which something wanting is supplied;" and Webster, the same word "*Supplement*, an addition to anything by which its defects are supplied, and it is made more full and complete." So that, on the "supplementary principle" basis, my case is sustained, and as you really seek to convict the I. H. A. of "schism" only on

the count of "dynamization," I do not see how your decision can hold in law or logic any more than in the light of the facts; nor am I prepared to yield to your club, or your journal, the precedence as to an appropriate or *honorable* use of the cognomen of Hahnemann, nor yet as a bestowment of "honor to the name."

T. F. POMEROY.

September 11th, 1881.

#### NOTE BY THE GENERAL EDITOR.

IN closing this discussion, we shall very briefly reply to some three or four of the points raised by our correspondent.

First. We have not imputed to any one who adopts the title "Hahnemannian," any less worthy motive than that which actuates us in using it for our journal. We have only asserted, what no one can deny, that the Internationals, in assuming it, had a special object, which referred rather to their own belief and practice than to any desire to honor Hahnemann. They may be just as anxious to honor him as we are; they are no more so, even though we do not "keep *all* his commandments." The Nazarene was infallible and authoritative. Hahnemann was neither. Hence, men obey the one, and weigh the other. "The law and the testimony" are not in the *Organon*. They are found in the principles and phenomena of nature. The court of final appeal is the judgment of brainy men, and to this tribunal must Hahnemann and his *Organon* also come. *This* is "the strict inductive method of Hahnemann," which alone can save us from becoming "a caricature in the history of medicine."

Secondly. The three sections quoted from the *Organon* by our correspondent, mean, simply, that homœopathic remedies act, not mechanically upon organs, not chemically upon tissue structures, but dynamically (potentially) upon functions; that they cure by producing a more powerful affection than the disease against which they are directed; and that the division and dilution of crude drugs augment their remedial efficiency. There is not a single hint in any or all of these paragraphs to *indicate a belief in Hahnemann's mind that the modern dynamization theory of our latter-day "Hahnemannians" constitutes an essential and necessary part of homœopathy.*

Thirdly. Our correspondent's view of the logical effect of Worcester's and Webster's definition of "supplementary" is, that homœopathy, without its supplementary principles, is not homœopathy,—that a defective thing is not a thing. We will not argue that point; it is not necessary. We *can* practice a

pure homœopathy without this supplementary principle, but we don't want to be compelled to do it. Let our readers not forget, just here, that the "supplementary principle" we spoke of in our editorial last month, was *Hahnemann's* dynamization theory, not the International's dynamization theory. Hahnemann's theory, divested of its verbiage, is but the expression of the well-known fact that the subdivision of medicinal substances enhances their remedial efficiency. He speaks of this as a fact, and when his language is carefully studied it will be seen that he theorizes far less about it than about many other subjects in the *Organon*. The dynamization theory of the so-called "Hahnemannians" is,—well, we will let them explain it for themselves.

Dr. Gilchrist sent us an additional article on this topic, but subsequently withdrew it.

Dr. Pomeroy asks to be excused from the further discussion of this subject, and so do we. (See I Chronicles xvi. 36, last sentence.)

#### NEURAL ANALYSIS—A CORRECTION.

EDITORS HAHNEMANNIAN: In the *Homœopathic Physician* for September, attention was drawn to a mistake occurring in my condensed translation of Jaeger's *Neuralanalysis*, that appeared in the May number of your journal. On line 19 from the bottom, page 273; lines 2 and 13 from top, page 274; and line 8 from top, page 275, for "oxygen," read *ozogen*, as you will find it in my MS.

The word in the original is *ozogen*, and since I did not know certainly what was intended, I preferred to transfer that word bodily into my translation; which I did, as you will see by referring to the MS. Your type-setter, or proof-reader, more accustomed to the sight of oxygen than *ozogen*, substituted the more familiar word, and hence the mistake. *Ozogen* is not ozone, but is, according to its etymology, an *ozone generator*, probably therefore, some solution, like that of permanganate of potash for example, used to prepare ozone for disinfecting purposes.

Yours truly,

WILLIAM H. BIGLER.

NOTE.—On referring to the MS. of Dr. Bigler's translation, we see that in each of the instances above named, he has written "ozogen," and *not* oxygen. The mistake is ours, for which we beg pardon.—EDS. H. M.



[October,

THE  
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MONTHLY.

A HOMŒOPATHIC JOURNAL OF  
MEDICINE AND SURGERY.

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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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**Editorial.**

A NEW SIMILIA.—Dr. Woodward, in a paper presented to the International Convention, recently convened at London, calls attention to what he terms a new similia. Giving a single dose of a drug, strong enough to affect the system, he notes the resulting symptoms in the order of their evolution. By repeated trials upon different provers he becomes able to trace the characteristic sequence of the effects of the drug.

This method of proceeding can hardly be said to be new. It was employed by Hahnemann and many of his followers. And Dr. C. Hering taught, years ago, that drug and disease must agree in symptoms and in the order of symptoms. But still Dr. Woodward deserves credit for systematizing the method.

He gives examples enough to fully illustrate the subject and to show its importance to the homœopathician. His advice is especially apropos in these days of physiological provings, when large doses are employed, which too often produce toxic effects. He shows that the line of drug action, traced by his

method, is by no means identical with that from harsher methods. And yet, by frequently repeated experiments, he demonstrates the validity of the result obtained.

We hope that the profession will take hold of this method of proving, furnish a large collection of data, which may be used for the benefit of the art of medicine; then possibly we may determine more accurately the various relations of drugs. Two remedies, similar in symptoms, but developing symptoms in opposite directions, prove antidotal; while analogously acting drugs, moving in parallel lines, intensify each other's effects.

One remedy follows another well, corresponding only to its late effects; while still other drugs, though apparently similar, are altogether incompatible.

If, then, numerous and systematic provings shall mark out accurate lines of action of drugs, we will be able to understand these various relationships, as well as to add to them. But to insure success, Dr. Woodward's caution must be observed. No one must attempt a proving who is not in full health, otherwise the desired sequence is impaired or wholly prevented.

**HOMŒOPATHY IN THE MEDICAL CONGRESS.**—London has been honored with an assembly of many of the world's famous physicians and surgeons. No doubt the full report of their meetings will be both interesting and instructive. But our attention at present is directed towards a hitherto unheard of innovation. We mean the admission of homœopathists. They were not merely admitted as spectators; they were privileged, at least in some of the sessions, to participate in debate.

Homœopathy was the subject of one of the papers presented. True it received the same abuse and misrepresentation that allopaths have always treated it with; but the courteous author of the paper referred to drew nice distinctions between professional ostracism and professional fellowship in other than therapeutic relations. While in medicine the two schools are necessarily incompatible, why, he asks, need this extend to consultations involving surgical advice or diagnosis of obscure diseases? As might be expected his remarks did not meet with universal approval. But, for all that, he pointed out the only ground upon which the two schools can honorably meet, and homœopathists have never sought any other.

As affairs are now, an allopathic specialist reserves his skill for the patrons of his own school. All others must dismiss their attendants if they wish the services of a "regular." And

when the charge is preferred that this is inhuman, the stereotyped reply is, scientific men cannot even *seem* to sanction quackery.

We are, therefore, pleased to see even the slightest evidence of a change for the better. Once we were "quacks," now we are admitted to be well educated, though sadly "deluded" by the fallacious system of Hahnemann. This is milder, much milder. But the facts which forced this modification of criticism will, sooner or later, demand for us a recognition as compeers.

IN WOMAN'S DEFENCE.—Society, as at present constituted, is a cold, heartless, and unjust judge. If a woman, yielding to temptation, falls, her social ruin is complete, no matter what may be her future efforts towards reform. She is shunned by both sexes, while the author of her misery is as great a favorite as ever. With him allurements was a mistake; with her, an unpardonable crime.

Perhaps the unwelcome prospect of maternity adds to her distress. Society offers no helping hand. Public charities are virtuously silent and inactive in this direction. No protecting home is provided by an honorable Christian people!—a people which, of course, could not shield and thus encourage crime!—so a new and far worse crime suggests itself, embryotocide!

Our large cities boast of many charitable institutions. The poor, the inebriate, the sick, the incurable, the widow, the orphan, the aged—all are provided for. But the wretched outcast, whose one mistake has cost her all except her worthless life itself, finds none to help.

Surely, if private enterprise will not or dare not provide lying-in hospitals for illegitimate births, the government at least should protect its citizens. Such a plan would give fallen women an opportunity to reform; and, above all, would greatly lessen the heinous crime of infanticide. Add to it a home for foundlings; and, if possible, a school, in which they may be educated in due course of time.

Over the whole let fall the most complete privacy. Give patients, during their lying-in, every protection which can be afforded; and dismiss them at a time or in a way least calculated to lead to their identification.

A beginning of some such work has been made by a few philanthropic ladies and gentlemen in Philadelphia. As yet, their means are limited, but they have done already immeasurable good to a class which sadly needs a helping hand.



## Notes and Comments.

"THE INDUCTION-BALANCE," says the Philadelphia *Evening Star*, "must have rung its little bell in the wrong place."

A DRAWBACK to the usefulness of State society work is to be found in the extremely limited circulation of the society papers. Could not some method be devised by which, at least the more valuable portions of these papers, could be given to the general profession? We should be glad to receive and publish suggestions on the subject.

DRIFTING TOGETHER.—"At the recent meeting of the British Medical Association, the most important address, that delivered by Dr. Bristowe, was upon the subject of homœopathy; and that eminent physician advocated the breaking down of all barriers, and the consulting with qualified homœopaths. When such an appeal can be made and listened to in conservative England, we may well believe that there is a 'drifting together.'"—*New York Medical Record*.

Not at all; we may simply "believe" that there *are* allopaths who possess a few grains of gumption, and that is all there is in it. But let the barriers be once broken down; let the infamous regulation of the code which ostracizes men for expressing a belief in homœopathy, be consigned to the pit whence it originated; let homœopaths and allopaths come into that form of fellowship which will favor a free interchange of sentiment and a free expression of opinion, and *then*, the "drifting together" will come. Then we shall see that the vast majority of progressive allopaths have all along entertained more or less faith in the principle of similars, and were not ashamed, but only afraid, to express it. Then the daily attrition of opposing opinions will rapidly divest the "practice of homœopathy" of whatever is erroneous, and its *truth* will come forth all the more brightly, to assume, among the medical doctrines of our age, its own merited place, be it higher or lower.

A BRAND NEW DISCOVERY.—The London *Lancet* has found a mare's nest. After all these weary years that sapient periodical has "discovered" that homœopathic cures are not effected by "similar" action of the drug at all, but by its opposing (antipathic) action; that the effects of a small dose of Aconite are not similar to those of fever at all; but, "on the contrary, quite the reverse;" and that, therefore, the aphorism "*similia similibus curantur*," does not express the homœopathic principle of practice at all, even supposing homœopathy to be true. The editor is so elated with his "find," and makes "such a time" over it, that all the homœopaths in the world, and, doubtless, a good many allopaths, too, are shaking their fat sides with laughter about it. His blunder consists simply in having mistaken the meaning of the word "*curantur*," and in believing that a cure begins and ends in the patient, whereas, a cure made through an intelligent act, begins in the mind of the prescriber, and not in the patient. The selection of the drug is a part of the cure; indeed, judging from the literal meaning of the word, we are not sure that it is not the *principal* part. The *Lancet* evidently thinks that "cure" and "recovery" are synonymous terms, but a very superficial examination of any good dictionary will undeceive it. There is something about several of the *Lancet's* recent utterances which makes us apprehensive that its external auditory apparatus is undergoing the process of hyper-nutrition.

## New Publications.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN. By R. Ludlam, M.D., Professor of the Medical and Surgical Diseases of Women in the Hahnemann Medical College and Hospital of Chicago; late President of the American Institute of Homeopathy, and of the Chicago Academy of Medicine, etc. Fifth edition, revised, enlarged, and illustrated. Chicago: Duncan Brothers. 1881. 8vo., pp. 1029.

This is, as stated by the author, practically a new work. The first edition is ten years old, and ten years have seen wonderful advances in gynecological medicine and surgery, and Professor Ludlam has not allowed the science to outstrip his researches. The matters treated of are still given in the form of "Lectures," a plan which has its advantages and its disadvantages. There are now sixty lectures instead of thirty-two, and "nearly four hundred pages of new matter" have been added. Among the added chapters the following subjects are embraced, viz.: Membranous Dysmenorrhœa, Sub-involution of the Uterus, Pelvic Peritonitis, Pelvic Hæmatocele, Cystocele, Cystitis and Irritable Bladder, Uterine Deviations and Displacements, Uterine Cancer, Laceration of the Cervix Uteri, Vesico and Recto-vaginal Fistulæ, Laceration of the Perinæum, Ovariectomy, Ovariectomy by Enucleation, and Normal Ovariectomy.

One of the features which has always made Professor Ludlam's work more popular with the profession, is the use of *cases* with which to illustrate or enforce his teachings. Most of these cases are drawn from his own private and hospital practice, though he does not hesitate to make use of cases furnished by other gynecologists when they will better serve the purpose. In the cuts of instruments, he gives only those which he has used with satisfaction to himself. All the illustrations are well selected and well presented. The directions for the various operations are clear, full, and explicit, and the hygienic, dietary, and homœopathic treatment are all of such a character as leaves little to be desired considering the size of the volume. A copious index closes the work. The printing, paper, and binding are good and the type of a character to render its perusal agreeable, a feature which, by the way, is greatly enhanced by the well-known pleasing style of the author. D.

PERSONAL NARRATIVES OF EVENTS IN THE WAR OF THE REBELLION. No. 8. Second series. A Recruit before Petersburg. By George B. Peck, Jr.

We came near adding the "M.D." after that name, but the author probably was a layman when he passed through the experiences related in this small quarto of seventy-eight pages. He tells a military story, we think, more graphically than any writer we know of. Indeed, he seems as much at home in describing the events of a battle as in narrating the details of a case of placenta prævia. And the readers of the *HAHNEMANNIAN* need no information as to his ability when dealing with this latter subject. D.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM; Being a study of this portion of the human body from a standpoint of its general interest and practical utility, designed for use as a textbook and a book of reference. By Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy, and late Lecturer on the Diseases of the Genito-urinary Organs and on Minor Surgery in the Medical Department of the University of the City of New York, etc. With numerous illustrations. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1881. 8vo., pp. xxvii, 500.

The ever-growing needs of the student and practitioner for advanced information in the anatomy of the nervous system ought to insure this book a warm and universal welcome. There is no field in which thorough acquirements are more imperative, and we doubt if there is in America any one better fitted to present this knowledge to the profession than Dr. Ranney. Both as a writer and teacher he has a wide and well-deserved reputation.

The work is correctly named, for it treats of the anatomy of the nervous system as applied in the study of its physiology and of its clinical relations. Beginning with the nervous system, considered as a whole, it then takes up its individual parts, treats of their separate structures and functions and their mutual interdependence and relation, and of the symptoms and conditions accompanying disorders of function and organic lesions, with suggestions as to modes of treatment. It is complete, thoroughly illustrated, and carefully indexed. D.

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## Gleanings.

IS THERE A SPECIFIC URETHRITIS?—In a "special article" in the September number of the *New York Medical Journal and Obstetrical Review* Dr. P. Albert Morrow handles the question of the specific or non-specific nature of gonorrhœa. After a fair statement and a close analysis of the arguments for and against specificity, he concludes that the position of the *virulists* rests altogether upon pure hypothesis, and is wholly untenable, while all the facts—experimental, clinical, and pathological—are overwhelmingly in favor of the non-specific character of gonorrhœal inflammation. When we apply the gauge of specificity to gonorrhœa it corresponds to none of the conditions of an undoubted specific inflammation. No artificial production of any disease belonging to this group is possible; a specific disease is the product alone of a specific poison. Gonorrhœa, on the contrary, may be due to a variety of causes—contagious, irritant (mechanical or chemical), diathetic, etc. Again, in all specific diseases there is between the time of infection and the first expression of the disease a period of incubation. No incubation, properly so called, characterizes gonorrhœa. A drop of this same gonorrhœal pus, which may require two or three days to excite supuration of the urethra, will develop such effect in a few hours when applied to the conjunctiva, showing that the so-called incubation depends not upon the quality of the exciting cause, but upon the susceptibility of the mucous membrane. Another distinctive peculiarity of this group is that a single attack of the disease confers almost complete security from another



attack—a peculiarity precisely the opposite of what is observed of gonorrhœa. The morbid poison of a specific inflammation, once in action, continues until the textural predisposition to its special stimulus is exhausted. The patient is incapable of regenerating the poison or of being affected by it when exposed anew. Both of these conditions are negatived in the clinical history of gonorrhœa. Finally, specific inflammation determines special pathological changes, and demands special treatment. Identical pathological processes are met with in urethritis from various causes, and the most radical of virulists treat all urethral inflammations alike.

QUEBRACHO IN DYSPNŒA.—Dr. Andrew H. Smith, chairman of the Committee on Restoratives of the Therapeutical Society of New York, has submitted on behalf of the committee a report, founded on clinical data, on the use of Quebracho in dyspnœa, which is published in the *New York Medical Journal and Obstetrical Review* for September, 1881. Of the thirty-two cases covered by the report, eleven were of spasmodic asthma, with or without emphysema and bronchitis. Of these, in nine cases the dyspnœa was notably relieved. In two cases of asthma associated with bronchitis no benefit resulted. One patient with emphysema and bronchitis without asthma was relieved. One with bronchitis with obesity was not relieved. Two with mitral insufficiency were not relieved. One with mitral stenosis was not relieved. One with hypertrophy with dilatation was not relieved. In two cases of cardiac disease (form not stated) the dyspnœa was relieved. In one case of fatty heart there was slight relief. Two patients with dyspnœa depending upon Bright's disease, in one of whom pulmonary œdema was noted, was relieved. In one case of aortic aneurism the dyspnœa was relieved till near the close. In one case of tonsillitis the dyspnœa, partly nervous, was relieved. In one case of cancer of the lung, dyspnœa was relieved. In two cases of pneumonia it was relieved. One patient with hysterical dyspnœa was relieved. In one case of catarrhal phthisis, second stage, the dyspnœa was relieved. In one case of catarrhal phthisis, third stage, it was not relieved. In one case of intermittent fever with old pleurisy, the patient being an opium-eater, the dyspnœa was increased. Thus, of the thirty-two cases of different diseases in which dyspnœa formed a prominent feature, this symptom was relieved to a greater or less extent in twenty-one; not relieved in ten; aggravated in one. In some instances the treatment was not pushed far enough to give a decisive result. It is possible that the nausea observed in some cases might have been avoided by the use of smaller doses, and perhaps a favorable result obtained. The fact that dyspnœa depending upon such a variety of causes may be relieved by Quebracho, points, says the writer, to the respiratory centre as the seat of its action. Apparently it blunts the sense of want of air, and thus mitigates the suffering from a deficient supply. But this action is not necessarily only palliative. Exaggerated respiratory efforts are often in themselves an evil, not only on account of the muscular effort expended, but from the aspiration of blood into the thoracic viscera, which results especially when the dyspnœa is caused by narrowing of the air-passages rather than by solidification or compression of the lung. Hence, in many cases an agent which will moderate the violence of the respiratory movements will not only lessen the distress of the sufferer, but will increase the chances of his recovery. That Quebracho will often very promptly fulfil this indication there seems to be no room to doubt, while as yet there is no evidence that it is liable to produce unfavorable after-effects. The extremely disagreeable taste of the medicine and its tendency to produce nausea are, however, serious drawbacks to its use by the mouth. As yet we have no record of its employment by the rectum. If the active principle is isolated, so that it can be used hypodermically, a great advantage will have been obtained.

PROFESSOR PASTEUR'S VACCINE DISCOVERIES.—The recent investigations of Professor Pasteur with the "germs" of chicken cholera and splenic fever, described by him at the International Medical Congress, has very naturally aroused intense interest in the minds of physicians all over the civilized world. Pasteur has been engaged for more than a quarter of a century in investigations relating to the nature of ferments, and it may be said that nearly all our recently-obtained information upon antiseptic substances and processes is due directly or indirectly to the results of his researches. He introduced his subject before the Congress by remarking that

"The subject of my communication is 'Vaccination in relation to Chicken Cholera and Splenic Fever,' and a statement of the method by which we have arrived at these results,—a method the fruitfulness of which inspires me with boundless anticipations. Before discussing the question of splenic fever vaccine, which is the most important, permit me to recall the results of my investigations of chicken cholera. It is through this inquiry that new and highly important principles have been introduced into science concerning the virus or contagious quality of transmissible diseases. More than once in what I am about to say I shall employ the expression *virus-culture*, as formerly in my investigations I used the expressions: 'the culture of milk-ferment,' 'the culture of the butyric vibron,' etc. Let us then take a fowl which is about to die of chicken cholera, and let us dip the end of a delicate glass rod in the blood of the fowl, with the usual precautions, upon which I need not here dwell. Let us then touch with this charged point some *bouillon de poule*, very clear, but first of all rendered sterile under a temperature of about 115° Centigrade, and under conditions in which neither the outer air nor the vases employed can introduce exterior germs—those germs which are in the air, or on the surface of all objects. In a short time, if the little culture-vase is placed in a temperature of 25° to 35° you will see the liquid become turbid and full of tiny *microbes*, shaped like the figure 8, but often so small that under a high magnifying power they appear like points. Take from this vase a drop as small as you please, no more than can be carried on the point of a glass rod as sharp as a needle, and touch with this point a fresh quantity of sterilized *bouillon de poule* placed in the second vase, and the same phenomenon is produced. You deal in the same way with a third culture-vase, with a fourth, and so on to a hundred or even a thousand, and invariably within a few hours the culture-liquid becomes turbid, and filled with the same minute organisms.

"At the end of two or three days' exposure the thickness of the liquid disappears, and a sediment is formed at the bottom of the vase. This signifies that the development of the minute organism has ceased; in other words, all the little points which caused the turbid appearance of the liquid have fallen to the bottom of the vase, and things will remain in this condition for a longer or a shorter time, for months even, without either the liquid or the deposit undergoing any visible modification, inasmuch as we have taken care to exclude the germs of the atmosphere. A little stopper of cotton sifts the air which enters or issues from the vase through changes of temperature. Let us take one of our series of preparations—the hundredth or the thousandth for instance—and compare it, in respect to its virulence, with the blood of a fowl which has died of cholera; in other words, let us inoculate under the skin ten fowls, for instance, each with a tiny drop of infectious blood, and ten others with a similar quantity of the liquid, in which the deposit has first been shaken up. Strange to say, the last ten fowls will die as quickly, and with the same symptoms as the former ten; the blood of all will be found to contain, after death, the same minute infectious organisms. This equality, so to speak, in the virulence both of the culture preparation and of the blood, is due to an apparently futile circumstance.

I have made a hundred culture preparations—at least I have understood that this was done—without leaving any considerable interval between the impregnations. Well, here we have the cause of the equality in the virulence.

“Let us now repeat exactly our successive cultures with this single difference, that we pass from one culture to that which follows it; from the hundredth, say, to the hundred and first, at intervals of a fortnight, a month, two months, three months, or ten months. If now we compare the virulence of the successive cultures, a great change will be observed. It will be readily seen from an inoculation of ten fowls that the virulence of one culture differs from that of the blood and from that of a preceding culture, when a sufficiently long interval elapses between the impregnation of one culture with the microbe of the preceding. More than that; we may recognize by this mode of observation that it is possible to prepare cultures of varying degrees of virulence. One preparation will kill eight fowls out of ten; another, five out of ten; another, one out of ten; another, none at all, although the microbe may still be cultivated. In fact, what is no less strange, if you take each of these cultures of attenuated virulence as a point of departure in the preparation of successive cultures, and without appreciable interval in the impregnation, the whole series of these cultures will reproduce the attenuated virulence of that which has served as the starting-point. Similarly, where the virulence is null it produces no effect. How, then, it may be asked, are the effects of these attenuated virulences revealed in the fowls? They are revealed by a local disorder, by a morbid modification more or less profound in a muscle, if it is a muscle which has been inoculated with the virus. The muscle is filled with microbes, which are easily recognized, because the attenuated microbes have almost the bulk, the form, and the appearance of the most virulent microbes.

“But why is not the local disorder followed by death? For the moment let us answer by a statement of facts. They are these: the local disorder ceases of itself more or less speedily, the microbe is absorbed and digested, if one may say so, and little by little the muscle regains its normal condition. Then the disease has disappeared. When we inoculate with the microbe the virulence of which is null, there is not even local disorder; the *natura medicatrix* carries it off at once, and here, indeed, we see the influence of the resistance of life, since this microbe, the virulence of which is null, multiplies itself. A little farther and we touch the principle of vaccination. When the fowls have been rendered sufficiently ill by the attenuated virus, which the vital resistance has arrested in its development, they will, when inoculated with virulent virus, suffer no evil effects, or only effects of a passing character. In fact they no longer die from the mortal virus, and for a time sufficiently long, which in some cases may exceed a year, chicken cholera cannot touch them, especially under the ordinary conditions of contagion which exist in fowl-houses. At this critical point of our manipulation,—that is to say, in this interval of time which we have placed between the two cultures, and which causes the attenuation,—what occurs? I shall show you that in this interval the agent which intervenes is the oxygen of the air. Nothing more easily admits of proof. Let us produce a culture in a tube containing very little air, and close this tube with an enameller's lamp. The microbe, in developing itself, will speedily take all the oxygen of the tube and of the liquid, after which it will be quite free from contact with oxygen. In this case it does not appear that the microbe becomes appreciably attenuated, even after a great lapse of time. The oxygen of the air, then, would seem to be a possible modifying agent of the virulence of the microbe of chicken cholera; that is to say, it may modify more or less the facility of its development in the body of animals. May we not be here in the presence of a general law applicable to all kinds of virus? What benefits may not be the result? We may hope



to discover in this way the vaccine of all virulent diseases; and what is more natural than to begin our investigation of the vaccine of what we in French call charbon, what you in England call splenic fever, what in Russia is known as the Siberian pest, and in Germany as the Milzbrand?"

Professor Pasteur then alluded to a difficulty in pursuing his researches with the microbe of splenic fever, in that in artificial cultures it behaves very differently from that of chicken cholera. "In the blood of animals," he continues, "as in cultures, it is found in translucent filaments more or less segmented. This blood or these cultures freely exposed to air, instead of continuing according to the first mode of generation, show at the end of forty-eight hours corpuscle germs, distributed in filaments more or less regular along the filaments. All around these corpuscles matter is absorbed, as I have represented it formerly in one of the plates of my work on the *Diseases of Silk Worms*. Little by little all connection between them disappears, and presently they are reduced to nothing more than germ-dust.

"If you make these corpuscles germinate, the new culture reproduces the virulence peculiar to the thready form which has produced these corpuscles, and this result is seen even after long exposure of these germs to contact with air. Recently we discovered them in pits, in which animals, dead of splenic fever, had been buried for twelve years, and their culture was as virulent as that from the blood of an animal recently dead. . . . A great difficulty presents itself, when we attempt to apply our method of attenuation by the oxygen of the air to the anthracoid microbes. The virulence establishing itself very quickly, often after twenty-four hours, in an anthracoid germ which escapes the action of the air, it was impossible to think of discovering the vaccine of splenic fever in the conditions which had yielded that of chicken cholera. But was there, after all, reason to be discouraged? Certainly not; in fact, if you observe closely, you will find that there is no real difference between the mode of generation of the anthracoid germ by scission and that of chicken cholera. We had, therefore, reason to hope that we might overcome the difficulty which stopped us, by endeavoring to prevent the anthracoid microbe from producing corpuscle germs, and to keep it in this condition in contact with oxygen for days, and weeks, and months. The experiment fortunately succeeded.

"In the ineffective (*neutre*) *bouillon de poule*, the anthracoid microbe is no longer cultivable at 45° C. Its culture, however, is easy at 42° or 43°, but in these conditions the microbe yields no spores. Consequently, it is possible to maintain in contact with the pure air at 42° or 43° a *mycélienne* culture of bacteria entirely free from germs. Then appear the very remarkable results which follow. In a month or six weeks the culture dies—that is to say, if one impregnates with it fresh *bouillon*, the latter is completely sterile. Up till that time life exists in the vase exposed to air and heat. If we examine the virulence of the culture at the end of two days, four days, six days, eight days, etc., it will be found that long before the death of the culture, the microbe has lost all virulence, although still cultivable. Before this period it is found that the culture presents a series of attenuated virulence. Everything is similar to what happens in respect to the microbe in chicken cholera. Besides, each of these conditions of attenuated virulence may be reproduced by culture; in fact, since the charbon does not operate a second time (*ne récidive pas*), each of our attenuated microbes constitutes for the superior microbe a vaccine—that is to say, a virus capable of producing a milder disease. Here, then, we have a method of preparing the vaccine of splenic fever. You will see presently the practical importance of this result, but what interests us more particularly is to observe that we have here a proof that we are in possession of a general method of preparing virus vaccine, based upon the action of the oxygen and the air—that is to say, of a cosmic force existing everywhere upon the surface of the globe.

"I regret to be unable, from want of time, to show you that all these attenuated forms of virus may very easily, by a physiological artifice, be made to recover their original maximum virulence. The method I have just explained of obtaining the vaccine of splenic fever was no sooner made known than it was very extensively employed to prevent the splenic affection. In France we lose every year by splenic fever, animals of the value of twenty million francs. I was asked to give a public demonstration of the results already mentioned. This experiment I may relate in a few words: Fifty sheep were placed at my disposal, of which twenty-five were vaccinated. A fortnight afterward, the fifty sheep were inoculated with the most virulent anthracoid microbe. The twenty-five vaccinated sheep resisted the infection; the twenty-five unvaccinated died of splenic fever within fifty hours. Since that time my energies have been taxed to meet the demands of farmers for supplies of this vaccine. In the space of fifteen days I have vaccinated in the departments surrounding Paris, more than twenty thousand sheep, and a large number of cattle and horses. If I were not pressed for time, I would bring to your notice two other kinds of virus attenuated by similar means. These experiments will be communicated by and by to the public. . . . I have given to vaccination an extension, which science, I hope, will accept as a homage paid to the merit and to the immense services rendered by one of the greatest men of England, Jenner. What a pleasure for me to do honor to this immortal name, in this noble and hospitable city of London!"

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INDICATIONS FOR THE TREATMENT OF NASO-PHARYNGEAL CATARRH.—Dr. Andrew Smith, in the *New York Medical Record*, gives the following in reference to the above subject:

"*First.* Keep the parts clean.

"*Second.* Remove all sources of irritation resulting from occupation, residence, climate, etc.

"*Third.* Enforce attention to hygiene and to the general health.

"*Fourth.* If there is obstruction to nasal breathing, remove the obstruction.

"*Fifth.* If there is ulceration, use strictly local applications, with a view to healing.

"*Sixth.* If there is hypertrophied, glandular stricture, yielding excessive secretion, remove the hypertrophied portion.

"*Seventh.* If, after the above indications have been fulfilled, there is still hyperæmia, use mild astringents and sedatives, and such constitutional treatment as is thought to be indicated.

"*Eighth.* Cease treatment the moment there is no longer a definite indication for it.

"As to the first three indications, the reason for them is too obvious to require comment.

"The fourth indication, obstruction relating to nasal breathing, is of very great importance, chiefly, as I think, for a reason which I believe has not heretofore been brought forward. I refer to the effect of nasal stenosis in causing hyperæmia of the membrane behind it, owing to the rarefaction of the air with each inspiration. The influence of this diminished air-pressure behind the obstruction upon the development of the bony and cartilaginous structures of the nose in early life has lately been insisted upon by Dr. Rose, but he has overlooked the fact that all the tissues subjected to the action of this partial vacuum must suffer a proportionate congestion as certainly as the skin under a cupping-glass. From congestion to hypersecretion is but a single step, and here I think we have a key, not only to the persistence of the discharge in many cases, but to the prompt abatement of it which often follows relief of the stenosis.

"The fifth indication, relating to direct applications to ulcerated points when practicable, should discourage the use of strong irritating solutions, sprays, or powders to the whole mucous surface, in order to heal ulcerations of a limited portion of it.

"The sixth indication, as to hypertrophied glandular tissue, requires a discrimination between that which produces hypersecretion and that which does not. The former should always be removed, the latter never, unless it obstruct nasal breathing, which would bring it under the fourth head.

"If the preceding indications have been fulfilled, the one relating to the use of astringents and sedatives will seldom be present for any lengthened period. Still their use for a limited time will often hasten the return of the vessels to their normal calibre. As to the value of constitutional treatment in non-specific cases, nothing is as yet definitely settled.

"The last indication is far from being the least important: Continuing random local treatment may perpetuate the disease indefinitely, and when the cure has reached a point at which we no longer know just what we expect our remedies to do, it is time to lay them aside, and give nature an opportunity to complete the work."

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## News, Etc.

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REMOVAL.—A. B. Kehrer, M.D., has removed from Tamaqua, Pa., to 1202 Christian Street, Philadelphia.

DR. ISMAEL TALVERA, of Orizaba, State of Vera Cruz, Mexico, is sojourning in Philadelphia. Dr. Talvera is the physician in charge of the new homeopathic department of the hospital "La Slave, de Orizaba." He was, for fifteen years, an allopathic practitioner. While in Philadelphia he proposes to attend the lectures at Hahnemann College, for the special purpose of enlarging his acquaintance with the homeopathic materia medica and therapeutics.

SURGICAL APPARATUS.—Our readers who may wish to purchase surgical apparatus, should communicate with Mr. Snowden, No. 7 South Eleventh Street, and, if possible, visit his place of business before making purchases elsewhere. He has given a lifetime to the business and understands the needs of the profession in his particular line, most thoroughly. While in the store examine the Korndörfer binaural stethoscope, and compare it with the old Camman instrument. And please mention the HAHNEMANNIAN MONTHLY.

PROVINGS OF ANTIMONIUM SULPH. AURATUM.—In our next issue we hope to present some important pathogenetic experiments made with this drug, by the students of the Homeopathic Medical College of Pennsylvania, during the professorship of Dr. C. Neidhard, and under his supervision. This publication has been delayed year after year, in the hope that he might find opportunity to make further provings; but there seeming to be no prospect of such an occasion presenting itself in the near future, the doctor has thought it best not to defer their publication longer.

DR. PECK ON PLACENTA PRÆVIA.—Our readers will remember with pleasure the valuable articles on Placenta Prævia contributed by Dr. Geo. B. Peck, Jr., to the January and April numbers of the current volume of this Journal. The *New England Medical Gazette* publishes in its September issue a continuation of the subject from the pen of the same writer. The *Gazette's* article contains the record of fifteen cases; all of them of an instruc-



tive character, which we commend to the attention of our readers. For the care and skill shown in procuring, arranging, and publishing these important data, Dr. Peck deserves the thanks of the profession.

OUR BRITISH JOURNALS.—Every American homœopathist ought to take at least one of the English homœopathic journals. The homœopaths of England are in much smaller ratio to the allopaths than in our own country, but they make lively times there for all that, and some of them—the men, not the times,—are among the most learned and most experienced writers of our school, and these men give character to all their journals. Most of our readers know all about this, but we are writing for those who do not know. Look over our advertising pages for something in relation to this subject.

HOMŒOPATHY IN BLOCKLEY HOSPITAL is not yet an accomplished fact, but the joint committee recently appointed by the County Society and the Hahnemann Club, of Philadelphia, are actively and earnestly at work to secure this most important recognition of the undoubted rights of our homœopathic people and profession. Before this reaches our readers, the whole matter will have been laid before the proper authorities, and the reasons for and justice of our claim will have been fully presented. Our physicians can very greatly aid the enterprise by exerting their own personal influence with members of the Board of Guardians.

THE PENNSYLVANIA STATE SOCIETY MEETING was held September 20th to 22d, at West Chester, as per announcement. Over seventy physicians were present,—a larger attendance than last year, and perhaps one-third as large as it should have been,—and over forty papers were read and discussed. Some of these papers were of most excellent character, and will add in an important measure, to the literature of our school. A large proportion of them were of a thoroughly practical character, their observations being drawn from the experiences of the writers. The discussions also seemed to us unusually instructive.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE, AND MONTGOMERY COUNTIES.—The quarterly and annual meeting of the Homœopathic Medical Society of Chester, Delaware, and Montgomery counties, was held at the Turk's Head Hotel, West Chester, on Wednesday, September 21st, Dr. J. B. Wood, President, in the chair. On motion, it was resolved that all business be suspended at this meeting except the election of officers, so that the members could attend the State Homœopathic Convention. The following officers were elected: President, Dr. J. B. Wood; Vice-President, Dr. J. H. Way; Secretary, Dr. L. Hoopes; Treasurer, Dr. S. A. Mullin. After this the society adjourned to hold its next meeting at Media, on the second Tuesday of January, 1882.

RETURNING FROM EUROPE.—The large delegation of homœopathic physicians who visited Europe last summer is rapidly returning, all of them very much delighted with their trip, improved in health, and glad to get home. As to our Pennsylvania delegation, Doctors McClelland, Cooper, and Bingaman are to have a formal welcome at the hands of their Pittsburg brethren on October 4th. Dr. Winslow will also be home ere this reaches our readers. He writes us in glowing terms of the facilities afforded by the great hospitals of London and other European capitals for the study of eye, ear, and throat diseases. Dr. B. W. James, our Business Manager, is expected home some time in October. Welcome all.

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# HAHNEMANNIAN MONTHLY.

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No. 11.

## Original Department.

### STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

#### ANIMAL KINGDOM.

(Continued from page 522.)

#### CANTHARIS (*continued*).

CHEST, HEART.—Voice hoarse, rough, or weak and low, as from weakness of vocal organs.

Hawks a tenacious mucus from the larynx, with burning and stinging.

Cough, dry, hacking.

Sputa frothy and bleeding.

Breathing difficult, oppressed, partly from contracted larynx and trachea, but also from dry nose.

Stitches from right axilla into chest. Shooting from front to back. Forepart of right chest, downwards into right lower ribs. Lower right chest extending towards middle of sternum. (A similar stitching on left side, but confirmed on right.)

Hot burning in the chest, and pinching in the abdomen, with constipation.

Burning, with stitches.

Pressure on the sternum; also from heart toward sternum.

Anxiety in the præcordium.

Stitch in the heart, followed by a crawling sensation.

Pulsation of the heart intermits.

Pulse; hard, full, as in inflammatory fevers; thready, weak, imperceptible. Slow and full.

Pulsations through the trembling limbs.

**Related Remedies.**—See September issue, 519, 520.

NECK, BACK, LIMBS.—Stiff neck, with tensive pain on stooping.

Tearing in the muscles of neck and back.  
Tearing extending upwards towards vertex. (See Note 2.)  
Cutting in both loins, extending to scapulæ, where it becomes stitching.  
Pains in the loins, with incessant desire to urinate.  
Dragging in the back, as if about to be "unwell."  
Stitch, tearing in coccyx.  
Tearing in the anus.  
Coxagra, with spasmodic pains in the bladder.  
Limbs weak, tremble. Also numb.  
Convulsions in all the limbs.  
Pains are tearing, stitching, with dysuria.  
Fearful pains in the soles, like an ulcer.  
Pains more right-sided, and abate when lying down, and from warmth.

SKIN.—Erythema from exposure to the sun.  
Burns; many cases.  
Exfoliation of the skin of the penis and scrotum, with strangury and hæmaturia.  
Burning, itching, and tearing, here and there.  
Pimples burning when touched.  
Skin pains when touched, as from an ulcer.  
Eruptions: Pimples. Vesicles, with surrounding redness; violent burning and itching; smarting as from salt. Bullæ, herpes zoster.  
Eczema rubrum; surrounding skin raw; watery, scalding, discharge. Erysipelas. (See Face.)  
Ulcers on the legs.  
Ulcers, with itching, tearing, and lacerating, or burning, smarting, stinging. Pus copious, inodorous, slightly yellow, sometimes blood-tinged; worse from rubbing and scratching; better lying down.  
Psoriasis, especially with women.  
Dandruff; the scales copious and large.  
Carbunculous and gangrenous inflammation.  
Alopecia areata (topical).  
**Related Remedies.**—The skin symptoms of CANTHARIS, while they are limited, are, nevertheless, equalled in importance by no other of its effects, except the urinary symptoms. In burns its topical application has proved very soothing and effective, especially in blistered skin from exposure to the sun's rays. In eczema rubrum it compares favorably with Rhus tox. In gangrene its clinical record is not large, and its selec-



tion, as in so many affections, would seem to demand that urinary complications be present.

Exfoliation of the genitals has also been observed in Arsenic, Rhus ven., and Croc. tig.; but in CANTHARIS we read in addition, "with strangury and hæmaturia."

There are many substances which, applied topically, or taken internally, produce vesication.

Thus from external use the following will, sooner or later, cause vesicles to develop on the skin: varieties of CANTHARIS, Formica; varieties of RHUS, *Anacardium orientale et occidentale*; Ranunculous plants, as CLEMATIS, *Ran. bulb.*, RAN. SUL., Pulsat., Aconite, Caltha, Helleb., Actea spic., Araceæ; especially Arum mac., Arum tri., Caladium, Pix, Terebinth., Thuja, Nux juglans, Chin. sulph.; several species of Plumbago; Allium sat.; Euphorbious plants, particularly CROTON TIG.; *Hura*, *Euphorb. corol.*, *Euphorb. offic.*, Mancinella, Sinapis; Piper nigrum, *Capsicum*, MEZEREUM, Thapsia gargania, Chloral, Cotula maruta, Drosera, Podophyllum, Chimaph., Oleander, Chelidon, Cochlearia arm., Verat. alb., *Camphor*, Picric ac., Amm. caust., Calc. caust., Sulph., Sulph. ac., Kali sulphide, Nitric ac., Arsenic preparations, CARBOLIC ACID, Mercury, Cupr. ars., Ant. tart., etc.

RHUS TOX. and *Anacardium* cause vesication, with much redness of the skin and infiltration. The latter adds loss of appetite and other gastric symptoms as essential concomitants. The former causes red skin, numerous vesicles surrounded with a red rim from infiltration. A well-defined advance-line of inflammation marks the progress of the disease. The predominant sensations are itching or tingling; while in CANTHARIS burning and smarting as from salt are leading sensations. The latter, in some cases, when topically employed, induces an eczematous eruption around the plaster, and in others the vesicated surface assumes a soft, pultaceous, almost gangrenous appearance; but the skin is not the reddish-brown of Rhus.

CROTON TIGLIUM gives rise to myriads of small, terribly itching vesicles on a red base. When the genitals are attacked, there is pain on urinating, and some of the blisters become large, others break, leaving a red, moist surface. The vesicles may develop into pustules, which finally break and form grayish crusts.

*Hura Brasiliensis*, a near relative of the former, also produces red vesicles. Both of these remedies cause a tension of the skin, a hide-bound feeling, which is best confirmed in Croton; but *Hura* carries this feature into its vesication, for the

blisters become so tense that, on opening, their serous contents fairly burst forth. A characteristic of this remedy is a sensation as of a splinter under the thumb-nails. The eruption prefers projecting portions of bone, as the skin over the malar bones.

Formica locally applied sets up inflammatory redness, with itching and burning, slight exudation, and desquamation. The urine is albuminous and bloody, and there is much urging to urinate.

*Clematis crispa* is food for the Spanish fly. The *Clematis erecta* we know irritates the skin to the production of burning vesicles, which pustulate and discharge a yellowish corrosive ichor. Urine is discharged in drops, or intermittingly, from a narrowed urethra.

*Ranunc. bulb.* and *Ranunc. sul.* act similarly. In the former, the vesicles may become blue-black, or they may discharge a secretion, which becomes horny. The latter raises blisters, which leave a raw surface, with acrid discharge, and resembles CANTH. in pemphigus. In blueness, *Ran. bulb.* rather resembles LACHESIS; the latter causes deepseated bluish blisters (which appear after scratching). In horny crusts, it resembles ANT. CRUD.

The several species of Spurge have caused vesication. And the variety called *Euphorbium officinarum* has been employed in vesicular erysipelas: red cheeks, covered with yellow vesicles as large as peas (from an application of the juice). Violent fever. Like the Hura, this plant and the Euphorb. cyparissias have an affinity for the malar region. CANTHARIS attacks the surface of the nose (like Graph.). Euphorbia peplus also attacks the nose, as well as cheeks.

*Mancinella* is so irritating, that even the water dropping on the skin from the leaves may raise blisters; but the accompanying erythema far exceeds that of CANTHARIS. It resembles the blush of scarlatina, and has been used in that disease.

*Thapsia garganica*, an umbelliferous plant, closely resembles Croton. It, however, causes more pustules, and these fill rapidly with pus.

MEZEREUM develops numerous small vesicles, with intolerable itching; but the secretion quickly forms into thick, high scabs, from beneath which an acrid pus oozes.

*Capsicum*, *Camphor*, *Terebinth.*, PIX, and *Piper nigrum* vesicate very slowly. Several of them are used rather as rube-facients. The first may be distinguished by the fact that the

blisters appear on surfaces which have been wet with sweat, and the sensation is a pungent burning, while in the Fly it is a smarting burning as from salt.

Camphor, topically, causes an erysipelatous dermatitis with bright redness, and, eventually, blisters (from concentrated solution). We generally think of it when there has been a retrocession of skin disease, with its well-known symptoms of collapse and convulsions.

PIX and *Terebinthina* cause violent itching, especially the former. The skin becomes cracked under Pix, with sleeplessness, and bleeding when scratched.

Potash preparations favor more a papular than a vesicular eruption, the latter form being mediate between the papule and the pustule. Kali sulphide and Kali nitricum develop papular vesicles when locally applied. Kali brom. causes vesicles about the hair-follicles (from internal use). Kali bich. induces an eruption, which presents a vesicle with depressed centre; it suppurates, and on healing leaves a cicatrix. Kali iod. causes papular vesicles (from internal use). The resulting vesico-pustules contain minute quantities of iodine. None of these, therefore, resemble the superficial blister of the Fly.

*Chloral* is capable of producing several forms of eruption. Its vesicles are surrounded with a marked capillary hyperæmia.

*Chin. sulph.* has caused an erythematous appearance strongly resembling scarlet fever; but it also forms confluent vesicles, which ulcerate or dry into crusts. Pemphigus, also, may appear.

In pemphigus, CANTHARIS compares with CAUST., RHUS, *Ran. scel.*, etc. The following have induced this form of eruption, and deserve a trial: *Caltha*, Nitric ac., *Copaiva*, Sulph ac., *Chin. sulph.*, *Carboneum oxygen.*

In *Caltha*, the bullæ are surrounded by a ring, and itch a great deal. On the third day they are transformed into crusts.

*Copaiva* affects mucous membranes, then the stomach and bowels, and, later, the skin. A red, miliary rash forms on a red base. Urticaria. Pemphigus, with excessive, offensive discharge.

Carbon. ox. is prone to excite vesication along the course of a nerve (sciatic, trigeminus, etc.), and hence resembles herpes zoster—a disease which Cantharis has occasionally cured. It also causes “large and small vesicles of pemphigus.”

CANTHARIS locally has, in some instances, caused a plastic



exudation. It stands here almost alone. Compare Arg. nitric.

Lymph in the vesicles is attributed to *Rhus ven.*, *Cale. caust.*, *Ran. bulb.*, *Bellad.*, *Croton tig.*, but it is doubtful if it would organize into a false membrane in these cases.

ANT. TART., *Hydrastis*, Ant. crud., and *Copaiva* produce vesicles, which soon pustulate and resemble the variola eruption.

In burns, compare CANTHARIS lotion with Sapo soda, Sod. bicarb., Ars., Carb. ac.,—the latter when the parts ulcerate.

CHILL AND FEVER.—Skin icy cold, clammy. Temperature reduced.

Coldness without subsequent heat, and coming a little later each day. Thirst afterwards.

Chill, with violent pains in knees and calves.

Chill afternoon or evening; generally not relieved by warmth.

Chill, with frequent micturition, in nursing children.

Icy-cold hands and feet, with fearful pains in the urethra.

Feeling of coldness in the vertebral column.

Heat, anxious, burning, with thirst. Burning heat, not felt by the patient himself. Averse to uncovering.

Sweat profuse; smells like urine; increased at every movement. Cold sweat. Averse to uncovering.

Sweat, with painful urination.

NOTE 1.—According to Bönninghausen, painful urination is most marked as concomitant of the sweat.

In the provings we find the following produced in a patient by a blister applied over a swollen cervical gland: Fever; scanty, painful, and blackish urine, followed by micturition fourfold more copious than the water drunk, with great thirst, and much desire for meat.

And, again, a girl anointed her whole body with unguent. Canth. for scabies. Of her, it is recorded that she had "general fever, with the usual urinary symptoms."

Still another observation is, "fever during pain in the renal region." (See Allen, vol. iii.)

The only urinary symptoms with sweat is straining and cold sweat, with extreme prostration. This observation is subsequent to Bönninghausen's time.

We have not sufficient facts, therefore, upon which to judge

of the case. We presume that Bönninghausen based his conclusions upon clinical experience.

Certain it is, however, that we are often called upon to prescribe CANTHARIS in renal and cystic affections when fever is a prominent symptom.

In collapse, CANTHARIS is not one of the most important remedies. It is less frequently needed than its analogue, Camphor. As before observed, the prostration is a result of intense inflammatory action; hence we find it most needed in peritonitic sero-purulent effusions and internal suppuration. It is also given in post-diphtheritic prostration, symptoms agreeing. It is further needed at times when coldness or cold sweat characterize the renal and cystic affections, in which it is indicated.

NOTE 2.—Nenning's provings furnish a group of symptoms suggestive of cerebro-spinal meningitis. Tearing in left cervical muscles; tearing from neck toward vertex; tearing in the limbs; squeezing and contraction in forepart of chest, with impeded respiration, better on lying down; whole body as if crushed in pieces. These, with amorous frenzy and urinary symptoms may make it of use. (See Lilienthal's *Therapeutics*, second edition, p. 495.)

NOTE 3.—DORYPHORA DECEMLINEATA contains Cantharidin, and so presents some similarities with the Spanish fly. But there are numerous points of difference too. The delirium resembles more that of certain of the Solanaceæ. The blood is disorganized very much, as it is under the influence of snake-poisons. Inflammations are not plastic, nor are they vesicular. They present a dark-purplish hue, with infiltration of pus. The tendency of the fever is typhoid-ward; delirium, muttering, dark-brown coating on the tongue, dark vomit, utter exhaustion.

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### AN UNUSUAL CASE FROM PRACTICE.

BY T. Y. KINNE, M.D., PATERSON, N. J.

(Read before the New Jersey State Homœopathic Medical Society.)

ON Thursday, the 12th of March, 1880, I was called to A. B., a man, forty-two years old, light complexion and nervous temperament, of whose previous history I could learn little, save that he had suffered from catarrh for years, gonorrhœa for four weeks, and, in his own language, "had taken more patent medicine than any other man in America." He had

been treated by an allopath for "swelling from cold," but which I diagnosed as erysipelas œdematosum. He was rational, pulse 92, thirstless, evacuations natural, face between the eyes swollen and red, with minute vesicles appearing, and the catarrhal discharge from the nose excessive and nauseating. I gave Bell. and Rhus t. in alternation, every two hours. Saw him at 5 P.M., when the disease had involved the left eye, and by the next morning it had covered the forehead and right eye. The tumefaction was very great, pitting but slightly on pressure, of a dusky red color, and studded with the vesicles common to this variety of erysipelas. I continued Rhus tox. At my evening visit I found both eyes closed from œdema, wakefulness, and no pain whatever. The tongue, which had been dry and covered with thick fur, had become moist. Desquamation had commenced, and the progress seemed favorable; I now gave Ars.<sup>6</sup>. The patient improved through Saturday, and on Sunday I found him sitting up in bed and eating his dinner. The evacuations were natural, and the catarrhal discharge had stopped. He expressed himself as feeling first rate, and thought he would sleep. I was called to him at 2 A.M., of Monday, as he obstinately refused to take the medicine, and learned that after sleeping three hours he awoke frightened, and on his wife proposing to send for me, declared he would do nothing I might wish. A constant quiver of the lower jaw, red streak along the centre of the tongue, and tremulousness in protruding it, led me to return to Rhus. At 7 A.M. he was somewhat stupid, but answered questions readily; the tongue was thick, with much mucus in the throat; the patient was constantly changing his position in bed, and his pulse was 100. 11 A.M. found him persisting in remaining uncovered, handling his person, and resisting all that was done for him. At 5 P.M. I was told he had not swallowed since 2 o'clock, and when trying to give liquid it produced convulsive movements of the body, and rigidity of the muscles of the throat and jaw. I now called counsel, and Hyos.<sup>30</sup>, in pellets, was given. At 10 P.M. everything given produced the same effect as liquid. There had been no secretion of urine since morning; every movement toward him caused a backward start, and a hoarse, barking cough. He threw frothy mucus from his throat and mouth, the tongue was purple and much swollen, while the face had assumed a coppery look and cadaverous smell. The convulsive movements increased till 2 A.M. of Tuesday, then culmi-



nated in a spasm, after which he lay quiet till 5 A.M., when he died.

Were the convulsions produced by the disease? Had the gonorrhœa any influence on its progress? Have any of the members had similar cases, and what remedies were employed?

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### ANTIMONIUM SULPHURATUM AURATUM.

BY C. NEIDHARD, M.D., PHILADELPHIA.

THE subjoined provings were instituted by the students during my professorship at the Homœopathic College of Pennsylvania. They have never been published, because I thought an opportunity would offer to perfect them by more extensive provings. As this is not likely to occur at present, I thought it best to have the symptoms recorded, imperfect as they may be, for the benefit of the homœopathic profession. For many years I have been in the habit of using this remedy in the 2d trituration with great benefit in cases of acute as well as chronic nasal and bronchial catarrh. In chronic forms I have been particularly successful, having permanently cured cases with it which had lasted for years. In *acne indurata* it has been my chief remedy. I have also used it in several cases of gleet.

#### NO. 1.—PROVING BY DR. J. C. RAYMOND, UTICA.

Took each day, for several days, 300 pellets of the 6th attenuation. Perceived no effect.

August 10th, evening, took a powder of the 2d trit.

August 11th, P.M., heavy aching pain affecting the top of the head, felt only during motion; any jar from roughness of the pavement when walking aggravates the pain so that it becomes severe, and it seems as if the skull would be raised to relieve the pressure on the brain at every misstep. Aggravation of a chronic catarrh, with increased discharge from the head of a greenish-yellow color and more offensive than ever before. Frequent inclination to hawk and spit. Took a powder of the 2d trit. at 9 o'clock.

August 12th. Pressing in the rectum, with a sensation of burning smarting, continuing two hours after the morning stool. Some heat in the urethra when voiding urine, followed

by smarting, extending about an inch into the urethra. P.M., intolerable itching in the bend of the right arm, with redness like scarlet rash; continued about an hour.

August 13th. Took a powder of the 3d att. Stool irregular, hard, and rolled up into balls, followed by pain and smarting in the rectum, continuing severe about an hour, and felt for several hours when walking.

August 14th. No symptoms.

August 15th. Violent pulsative pains in the top of the head and frontal region, with a feeling as if the skull would be raised up with every pulsation of the arteries; continued several hours. In the evening took a powder of the 3d trit.

August 16th. Smarting and pressing in the rectum after stool. Have been hoarse at times during the proving, thus far with sneezing, a frequent inclination to hawk up a tough tenacious mucus, and at times pieces of a greenish-yellow, concrete, offensive mucus. Violent itching in the nostrils frequently occurring.

August 16th, 9 P.M., took a powder of the 3d trit.

August 17th. Stool delayed and hard. Evening, sharp lancing pains, frequently recurring, extending from the top of the head on the right side to the internal angle of the right eye. Took a powder of the 3d trit. at 9 P.M.

August 18th and 19th. No stool.

August 20th, 21st, and 22d. Stool hard and difficult to evacuate; smarting, pressing, and throbbing in the rectum after the stools. Itching in the nostrils.

August 22d. Evening, took 300 pellets of the 6th.

August 23d. Occasional sneezing, with itching in the nostrils. Headache; pains constant and dull when at rest, throbbing and severe during motion, extending from the top of the head on the right side to the side of the head back of the ear. No stool.

August 24th. Stool hard and rolled up into balls. Dull headache, with fulness and pain in the right ear. Took 300 pellets of the 6th in the evening.

August 25th. No symptom; took 300 pellets of the 6th att. at 10 P.M.

August 26th. Delayed, hard stool, with heat and pressure in the rectum after the passage.

August 29th. Headache similar to those described. Itching of the fingers, sometimes one then another; no eruption, no redness; both hands affected. Frequent smarting and pressing pains in the anus and rectum.

## No. 2.—PROVING BY DR. F. R. MOORE, OF PITTSBURGH, PA.

June 1st, at 10.30 P.M., I took one powder of the 9th dil. In a few minutes after I experienced a slight metallic styptic taste in the mouth and on the tongue. Soon after going to bed in the evening a deep heavy sleep came upon me, from which I was several times partially aroused by pain in the head, most in the right frontal eminence. Did not feel well in the morning till after getting up; some unpleasant symptoms, however, continued till afternoon, such as debility, tendency to tremor, etc. By 9 or 10 o'clock next morning felt strong and well, and continued unusually well for several days. This last I look upon as the reaction caused by the medicine, or a curative effect from it.

June 10th, at about 10 o'clock P.M., I took a powder of the 9th dilution. Soon after I had that same metallic styptic taste as before in the mouth and on the tongue, extending into the throat and pharynx. The symptoms of last night were very similar to those of the first night, such as disturbed and restless sleep, slight headache, etc., which passed off in the morning on getting up.

June 11th, about 11 o'clock P.M., I took a powder of the 9th dil., as before. In a short time I experienced nearly the same symptoms as from the last powder, taste and all.

From this time to the 11th day of October I did not take any more of the powder. During this interval of three months my health was as good as it generally is.

October 11th, about 9 o'clock A.M., I took another of the powders, 9th dil. In a few minutes after that peculiar metallic styptic taste began to make its appearance in the mouth, on the tongue, and in the pharynx; soon after this nausea succeeded and a disposition to vomit, which continued until after taking a cup of tea. I did not observe my symptoms after this, my attention being called off to some other subject.

Here was another interval of more than a month, during which I did not take any of the powders.

November 28th. From this time the symptoms were more severe and more marked, probably because the powders were taken closer together.

At 10 o'clock A.M. took another powder (9th dil.), and soon perceived that same peculiar metallic taste as before, extending into the throat and down into the stomach. An hour or so after this experienced a sensation of weight in the lower



part of the epigastrium, with such an intolerable degree of nausea as if it were impossible not to throw up the contents of the stomach. I was very excitable and disposed to ill-humor.

About 1 o'clock P.M. had a feeling as of acid in the stomach, and a considerable degree of nausea.

Between 1 and 2 o'clock P.M., same day, took another powder (9th dil.), and soon perceived that peculiar metallic styptic taste as at previous times, extending down into the lower part of the pharynx, with slight nausea and fulness of the head, heaviness about the eyebrows, and dull feeling in the centre of the forehead. Soon after this ate my dinner with too much appetite; in a short time a stupid feeling came upon me, with a strong disposition to sleep. I took my tea at the usual hour, about 6 P.M.; had a strong appetite and a good deal of thirst (fever?), drinking twice as much as is my custom. At 10 P.M. had a dull heaviness and singing in the forehead, with flushed face, ill-humor, and rather an independent, indifferent, reckless kind of feeling. Became sleepy at an early hour, which continued until after going to bed; then I became wakeful and restless, with aching in the legs from the knees to the feet, with a paralyzed feeling; tingling and itching over the face, on the thighs and hips, impelling me to rub and scratch the parts thus affected.

November 29th. Had a good appetite for breakfast; an acid feeling in the stomach, and a dull kind of sensation in the head, etc.

Between 12 and 1 o'clock P.M. took another powder (9th dil.) In a short time had those peculiar tastes as before in the mouth and throat, with the sensation as of a good deal of acid in the stomach, which appeared to increase and boil up as it were; head became dizzy and stopped up as from fresh catarrh, and the mind sluggish, with singing in the left side of the head; dull feeling in the front part of head, etc.

### NO. 3.—PROVING BY DR. JOSEPH JORGENSEN.

March 15th, 1861. At 11 o'clock A.M. took two grains of the first decimal trituration. At one P.M. I felt a tightness in my head, with great restlessness and uneasiness.

At 2 P.M. much nausea, with tearing pain in the stomach; the latter was relieved by rest.

At 3 P.M. pain in the stomach was intense, the least motion making it worse. There was much secretion of saliva, much flatulency.

From 3 to 4 P.M. sat in a position of perfect rest, which relieved the pain very much.

March 16th. Thick white coating on tongue, dryness of mouth, and much secretion of saliva. Also intense weakness; disposition to stretch and yawn.

Sunday, March 17th. Great lassitude, with some weakness; disposition to yawn and stretch. Before proving I had some spots of *acne indurata* on my face, which have been almost entirely cured. Sore throat, with hard cough.

March 22d. The sore throat and hard cough, with most intense pyalism, has continued unabated. Great weakness.

In the evening took two grains of the original substance, and the next day awoke with the following symptoms: Pressing pain on the top of my head; intense weakness; when stooping or lifting anything there was a rush of blood to the head, producing a throbbing headache, which lasted for half an hour. Immediately after getting out of bed there was a soreness in the throat, with much hacking cough and great expectoration of mucus.

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### A PLEA FOR THE CHILDREN.

BY G. W. BAILEY, M.D., ELIZABETH, N. J.

(Read before the State Homœopathic Medical Society of New Jersey.)

UNDER the head of diseases of children, I wish to present a few thoughts which would perhaps more justly be called physiological and preventive, than medical or curative. We, as homœopathic physicians, owe to children much of the success of our system. Their natural dislike of nauseous and disagreeable doses has been the entering wedge that has caused an irreparable split between many a good family and their old-school physician, resulting, in a few weeks or months, in the conversion of the whole family to homœopathy. Occasionally, indeed, we find a man who will employ a homœopathic physician for his children, and an allopathic physician for himself, and will try to justify his inconsistency by asserting that homœopathy is an excellent method of treatment for children, but is not powerful enough for adults; possibly he will also thoughtlessly lay a trap for himself by asserting that in order to effect a cure with any medicine, one must have *faith* in it, and he has but little faith in homœopathy for himself. It is a source of much amusement to see the blank expression when the question is asked them, "How much faith a child exercises

in connection with its medicine?" Considering, then, what the little ones are doing for homeopathy, are we doing all we can and might do for them? Is the importance of the subject of the diseases of children sufficiently recognized? As medical men, we must admit with regret that, notwithstanding the great advance in all matters relating to hygiene, and the widespread influences of homeopathic treatment, the great number of children who die before reaching the age of five years, is an opprobrium to the medical profession of the day. This great waste of human life—can we do nothing more than we are doing to stay it? Are we using faithfully all the means which an All-wise Creator has placed in our hands? This is a field which belongs to the medical profession, which has not yielded the fruits that a more thorough cultivation would certainly secure.

I desire to call your attention to-day to the prevention of disease, rather than its treatment. The vast field which the study of disease and the pathogenesis of drugs presents to us, occupies so much of our time and attention, that we neglect many measures of a preventive character. I need not attempt to prove that the most shameful ignorance prevails amongst all classes of people in regard to the construction of the human body, the physiological functions of its various organs, and the proper means for keeping the body in a state of health. These subjects, as taught in our public and private schools, leave but faint impressions on the mind, so faint, indeed, that they are effaced before the child reaches maturity. About all that is remembered, is that the lungs are the chief organs of respiration, the stomach of digestion, and the heart of circulation; and many do not even remember these simple facts. They are therefore unable to exercise a proper care for themselves, and utterly unfit for the care of those who may be intrusted to them. It becomes our duty, therefore, as the guardians of the health of the people, to supply as far as possible this important deficiency in their education. We should instruct them on such points as will be most useful to them in the care and development of their children. In the matter of hygiene they should be carefully and thoroughly taught to avoid all impure aliment, either physical or mental. Of all the impure food which we take, air is the most constantly received, and its impurity is probably the chief cause of the great mortality among young children in our large cities. They are constantly surrounded with decaying matter, breathing air which is contaminated by these surroundings, and by the vitiating process



of respiration. The effect of such air upon those who breathe it, although more slowly developed, is quite as injurious as the more rapidly developed effects of impure food or drink. The philanthropic and generous people who have, during the past three or four summers, given the young children of our large cities, excursions into the country, have shown much wisdom in this method of exercising their benevolence. If, when they take these little ones into the pure country air, they could only leave them there, how many of these young lives might be saved! Air is a form of food which we are taking every moment of our existence, whether we will or no. If unwholesome food of a more substantial character is placed before us, we can decline it, unless severely pressed by hunger, but when we are surrounded by impure air, we are generally (not always) obliged to inhale it. If pure air is one of the essential accessories of health in an adult, it is pre-eminently so in a child. In an adult, food has simply to maintain the body in its equilibrium of health and strength, but in the child it has more to do; the waste and maintenance of the body must not only be provided for, but the growth and development also, and if we would have strong, well-developed children, we must furnish them with an abundance of essential food, and an abundant supply of wholesome air. The necessity of active, daily, outdoor exercise should be strongly inculcated, and, under suitable precautions as to clothing, etc., should be followed up even in cool, or actually cold weather. The clothing should be so loose that the movements of the chest will not be at all interfered with. The child should be taught or required to fully inflate the lungs several times each day, not taking simply a deep inspiration, but the deepest possible one. Those who have never tried it will be astonished at the result of this exercise in increasing the capacity of the lungs, and the measurement of the chest. I can assert that any person under forty years of age who has never practiced this exercise, can thus increase the circumference of the chest at least one inch in three months. Let us consider for a moment the value of this increased chest capacity, placing it at the lowest estimate; an increase of one inch in circumference will increase the lung capacity fifty cubic inches. The effect of this increased capacity must be an increase of appetite, and of physical and mental strength. Persons with narrow chests and small lung capacity, seldom have either a good appetite or great physical power. The recent wonderful exploit and endurance of Captain Webb, of London, who swam across the British Channel,

enduring an exposure in the water for twenty-three hours, is fresh in the memory of all of us. Dr. Smith (Surgeon to King's College Hospital) examined Captain Webb, and among other things, says: "I measured his chest while stripped, on a level with the nipples. He measured forty-one inches. I was astonished at the extraordinary volume of air entering the lungs at each inspiration."

The advantage of a capacious chest is not simply as a protection against chronic diseases of the chest, but is also to a certain extent a guarantee against other diseases. This is a point well understood by life insurance companies. It is also a protection against the effects of cold. Persons exposed to and suffering from cold, can warm themselves rapidly by a few deep and rapidly repeated respirations. I think all of the cures reported from the use of respiratory tubes, and the various combinations of oxygen, have been effected by obliging the patient to take deep and full inspirations.

These considerations, then, should incite us to urge upon those having the care of children, first, the necessity of pure air to breathe, both night and day; and, second, the importance of developing the lungs by frequent deep inspirations. Next comes a brief consideration of the food. In our daily routine of life and practice, we do not feel much interest on this point until the child gets sick, and comes directly under our care. We should insist, however, that when well, children should have food in proper quantity and quality, and at proper times; that they should have no highly seasoned or stimulating food, and very little pastry or confectionery. They should be deprived of these, not so much because they are hurtful in themselves, but because they destroy the appetite for the good, wholesome, nourishing diet which the rapid growth of the body so imperatively requires.

On the subject of dress but little need be said. All children in this climate should wear flannel next the skin, at least eight months in the year. Particular care should be taken to keep the feet and legs warm. Bathing should be practiced only with sufficient frequency to keep the body clean; more frequently, of course, when the body is perspiring freely, than during cold weather.

Sleep need hardly be mentioned, as children naturally yield to the requirements of nature in this respect. The old-fashioned custom, however, of requiring them to retire early should be insisted on.

Mental food should be light and pure, pleasant and natural.

Special attention should be directed to the character of a large proportion of the current literature issued from the press for the use of children. It is of too excitable and sensational a character, aside from the pernicious moral influence it exerts. In no other direction is a crusade so necessary as against the present-day literature for children and youth. In closing, permit me to say that I shall feel amply repaid for this paper, if some should be stimulated by it to more earnest endeavor for the prevention of disease among children.

### HOMŒOPATHIC MEDICATION IN SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

IN the remarks following it is simply desired to embody something of personal experience in the use of homœopathic medicines in a special line of practice, and not to urge my views on those who hear them, and should they appear reasonable and worthy of trial, to request that they be put to a practical test. One experiment should not convince, and, as it is the real truth or facts of the case we all desire, a repetition of the investigation will be of service.

In the examination of the subjective and objective symptoms of surgical cases great similarity is observed in those of the same class. They appear to differ in degree mainly, and there is not that great diversity of symptoms to be met with as in those of a purely medical character. The application of the similar remedy is therefore simpler, unless, as sometimes or rarely happens, cases are of a mixed form.

I have always thought that a physician, who is a skeptic as to small or potentized doses, might be convinced of their wonderfully curative power by observing the changes wrought after their administration, in the local conditions of a wound as well as in the general symptoms, as for instance erysipelas. Years of patient and enthusiastic labor are required to work out what in the end seems trifling results, or to establish in one's own mind the fact, beyond a doubt, that these medicines, called dilutions by some and potencies by others, are of the service claimed for them. In the continual effort to accomplish better and quicker results, the practitioner will frequently or usually wander into less successful and unknown methods, but often eventually be rewarded by the discovery of curative qualities in drugs, which adds greatly to his profit and useful-



ness. This, however, is a very slow process, and it seems to me impossible that one man could make an extended, reliable repertory in a lifetime. He is constantly eliminating what is vague and uncertain, and he will learn what is *not* serviceable in certain cases, a negative, which is often of as much value as positive knowledge. There are no blanks in this apparent lottery. If after proper forethought you push the single remedy to extremes, you will discover that even if it is not applicable to the case in question, you will at least have found out what it is likely to be useful for, and gather at every step, symptoms to be verified or eliminated by subsequent experiments. In original work it is better to go on with the investigation without reference to what has been said or written on the subject; for if you have in a proper test established a fact or discovered a reliable symptom, your faith is fixed and pleasure increased by its successful application in curing the sick. While these are generalities, yet it seems proper, in view of so much doubt often expressed, that every beginner in this peculiar system ought to prove the truth of our fundamental principle before entering on its practice.

It appears to me that multiplying symptoms, instead of diminishing them, or placing the names of a great number of medicines under one symptom, which cannot always express the varying qualities of each drug, is most bewildering, and often the cause of that distrust which produces a change of remedy at each visit, coupled with a doubt at all times, unless improvement follows, perhaps due to nature alone. The change must take place in the symptomatology. If condensation seems impossible, the record should convey to the student a distinct picture of the curative action of a drug, its individuality differing from all others, just as its physical qualities do, whether plant, mineral, or animal product, where prominent and minor symptoms are placed in proper relation in making up a whole, and every new and genuine symptom thereafter to be added only goes to make up a more perfect form. What follows is believed to be true of medicines run up with alcohol according to Hahnemann's centesimal scale by Bœericke & Tafel, and known to be honestly made. I have used them exclusively in a clinic and elsewhere for demonstrating curative action when given according to the principle governing our practice.

The medicines most frequently proven were those of Fincke's manufacture, and occasionally my own. I have excluded mention of symptoms produced by the former, because the exact

method of making them is unknown; but, potentized with pure water and more active, I prefer them in private practice. No mention is made here of the effects of large or small crude doses, because years ago comparison with potentized medicines in the same class of cases had taught me the superiority of the latter. For the sake of comparison, however, and with a view of acquiring a knowledge of primary symptoms, I occasionally use the crude article in small repeated doses.

The effects of opiates and similar drugs to blunt the sensibilities or cause stupor, where pain exists or sleep is desirable, I believe to be most pernicious, because thereby the vitality is lowered and the healing process more or less interfered with, in proportion as the dose is increased or diminished. During a residence of months at a time in large army hospitals, containing sometimes 2000 wounded, abundant opportunity was given me to observe the effects of morphia, where the cases were of a kind and all under similar conditions, and again in the same cases where the drug was given at one time and withheld at another.

The changes for the worse in the discharges and general condition of the subjects, forced me to conclude that the practice was hurtful, and since 1865 I have never given an opiate to a surgical and in only one instance to a medical case, believing that by narcotics repair is hindered and strength decreased. To put the patient under the most favorable hygienic conditions, by attention to cleanliness, diet, ventilation, and sunlight; to encourage hope and cheerfulness, and exclude tea, coffee, tobacco, and alcoholic stimulants, the latter used rarely and in emergencies; in other words, to see that the case has good nursing, puts it under the most favorable conditions for recovery. Medicines are not required unless untoward symptoms call for them, and then to be given with caution.

My time for writing as well as reading this article is so limited that but a bare synopsis can only be given. Where the simple fever without complications, usually attending repair and inflammation, develops in force, I do not know of any better remedy than *Aconite*, given according to the severity of the case, until profuse sweating followed by decreased pulse ensues, then stop—an important point. This medicine, probably best known in medical, holds a corresponding position in surgical practice. *Turpentine* and *Thuja* are closely allied, and are useful where the wound does not kindly heal by granulation. They assist primary adhesion where the edges of the wound do not join firmly and remain sensitive, and cause the

healing process to return where it appears to have been arrested. Their action is best observed in superficial injuries or external raw surfaces. When the granulation-cells or grayish-white glue-like exudation does not form, or is altered in adhesive qualities and becomes bloody or watery, often with slightly offensive odor and constitutional distress, where the granulations themselves become broken down, the pus losing its cream-like appearance, *Creasote*, or, much the same thing, *Carbolic acid*, acts in a wonderful manner in restoring healthy action. Should there be excessive bleeding from capillaries, without other prominent symptoms, I have seen *Camphor* internally quickly check the trouble. After trials of numerous other remedies in the hæmorrhagic diathesis, I believe this to be the most generally successful.

These statements are simply illustrative and not intended to supersede the selection of any medicine shown by the whole case to be more homœopathic, and therefore curative. If swelling at the lips or edges of an external wound is prominent, *Apis* and the use of a poultice usually cause proper adjustment. Pain commonly follows section of tissues, and, if severe and long lasting, I have seen *Alcohol* high, run up with pure water, bring relief, ridiculous as the statement may appear. It frequently acts in a magical manner by relieving cancerous pains. In surgical fever, with dryness of the mouth, rapid pulse, scanty urine, continued heat of skin, *Sulphur* helps quickly. The discharges are hourly or constant bulletins, and from them, before constitutional symptoms begin, is the condition of the case known, and, as a rule, with the reappearance of healthy pus all bad symptoms gradually disappear.

When cutaneous erysipelas supervenes on surgical fever, there is no remedy comparable to *Rhus tox.*; there are watery non-plastic discharges, continuous heat of skin, dry tongue, and later on, mental wandering. Any fermenting poultice containing charcoal is a great assistant,—I was going to say often an essential in preventing sloughing, and useful when it does occur. If the edges of the wound die, or hospital gangrene supervene, in addition to poultices, I have given with complete success *Bromine* internally, and applied the fuming destructive liquid externally, to remove the sloughs; this is as nearly a specific as anything in medicine can be. I have used it in a great number of cases, mostly in army practice, and with invariably good result, in immediately arresting the local affection, when constitutional improvement usually follows. At the very outset of simple cutaneous erysipelas, indicated



locally by the bright scarlet color, thickness of skin, and much fever, *Aconite* usually suffices before going on with *Rhus*, or if, after giving it, the disease, although mild in type, appears to be obstinate, *Sulphur* exclusively, clears up the case.

In the diffuse cellular inflammation, often following a punctured or slight wound, I have seen rapid improvement from incisions, poultices, and *Iodine*. In phlegmonous erysipelas, a compound of cutaneous and cellular, I have oftener given *Belladonna* than any other drug and with fair results, not always checking suppuration. This practice, I think, can be improved on. For in two severe cases, one where extensive sloughing had taken place, and the other where numerous openings through the skin had been made to evacuate the pus, I gave *Iodide of potassium* and a tablespoonful of Brewer's yeast every two hours, when an immediate and extraordinary change for the better took place. I was led to prescribe the yeast by observing a complete cure wrought by it in one who had been for years constantly afflicted with boils. This plan of treatment requires of course further investigation. The infectious and contagious blood poison, erysipelas in its various stages, finds its closest analogy in a remedy just mentioned, *Rhus tox.*, and if our opponents would but give it a fair trial, success would come to many a well-performed operation otherwise resulting in failure. In septicæmia, with the frequent severe irregular chills coming on or existing with constant fever, exhaustive sweats, rapid pulse, dry tongue, often vomiting, and prostration, the wound altered in color, and discharges changed, I have seen most good from *Creasote* given repeatedly. The picture appears like *Arsenic*, but failure with it has taught me differently. Curing with *Creasote*, persistent vomiting with the above symptoms after an ovariectomy accidentally brought home its real value. I believe it to be *the* remedy in the still more advanced condition in which this, if unchecked, often terminates,—Pyæmia.

In this paper I have simply put forward types of a few remedies, and do not in any sense advise that they be given mechanically or in a routine way without diligent comparison with the symptoms of other and similar drugs, and which may exclude my suggestions altogether.

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VEGETABLE DIET IN FEVERS is recommended by Dr. E. B. Shulldham. He cites a case of surgical fever and one of tubercle of the lungs, in which a diet of fruits and vegetables produced the happiest results.—See *Homœopathic World*.

METHOD OF TREATING CERTAIN PARTIALLY UNSUCCESSFUL  
OPERATIONS FOR CLEFT PALATE,ESPECIALLY CASES OF CLEFT OF THE SOFT PALATE, OR IN  
WHICH THE HARD IS FISSURED TO A LIMITED EXTENT.

BY W. C. GOODNO, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

IT not unfrequently happens that a well-conducted operation for cleft palate fails to completely close the fissure, particularly at its upper extremity. The reasons assigned for such failure are well known to those acquainted with the subject, and I will not discuss them in this place, except to say that it is principally due to defective apposition of flaps, often thin and poorly nourished, which are insufficiently raised from their attachments, extremely scant, or dragged upon by muscular action. Attempts to close such gaps have been frequently made, with, so far as I can learn, little or no success.\* Dr. Gross states that "nothing can close" them. The purpose of this short paper is to report a case illustrative of a method of closing these openings which at least in my own hands, in an unfavorable instance, proved successful.

E. A., æt. six years, the subject of a palatine fissure extending from the tip of the uvula through the soft palate and less than one-half inch into the hard palate, was operated upon by a prominent surgeon of this city with the result of a failure of union in the upper three-fourths inch of the fissure. Frequent cauterization produced some contraction, but no improvement of moment at the end of one year. Upon his stating he could do "nothing more," the child was brought to me. The orifice was eleven-sixteenths inches in length, and five-sixteenths inches in breadth, and involved the extreme upper portion of the cleft. All portions of the margin exhibited a whitish, bloodless, almost cartilaginous appearance, was very thin, not thicker than blotting-paper, tense, and could not be approximated except with unjustifiable force. The incisions for the relief of tension had evidently been slight, and the usual widely interrupted coarse sutures used. With these facts in view, it will be readily seen that with any form of suture recognized in connection with cleft palate, however carefully applied, it would be extremely difficult to secure a sufficiently accurate, permanent coaptation to gain union. In order to secure a

\* System. Surg., vol. ii, p. 542.

greater surface for union, I first removed the margins of the orifice, which had been rendered useless for healing by the persistent cauterization. Both flaps were then bevelled, the left toward its *anterior* surface, the right toward its *posterior* surface, the extremities being slightly incised in the same direction to allow the right flap to be drawn more thoroughly over the left, and avoid wrinkling at either extremity. The bevelling process was partly completed by scraping with a very sharp knife, every effort being made to injure the tissue as little as possible, a point I believe to be of the greatest importance. An incision according to Langenbeck's method was made midway between the fissure and the alveolar arch on either side, about an inch and a quarter in length. Into this incision a periosteal elevator was inserted, and the soft tissues, including the periosteum, raised from the bone, so that all the tissues about the fissure were freed from the bone, and hung down loose and free, permitting an easy approximation of the flaps. Into these lateral incisions, for the purpose of checking hæmorrhage and removing as thoroughly as possible all tension from the flaps, was thoroughly packed pieces of lint, which were allowed to remain forty-eight hours without change. The sutures, ten in number, were of the finest black silk, boiled in carbolized oil and wax, and applied with the smallest size of conjunctival needle, held in a suitable needle-holder, the punctures being made slightly beyond the denuded surface.

In the application of the sutures care was exercised in regard to the following points:

1st. To use black silk, which is retained in the tissues much longer than the white, without inducing suppuration, and to weakly carbolize it, which still further lessens its power of irritation.

2d. To use as fine a needle as possible, make no useless punctures, and avoid pinching and otherwise injuring the flaps with forceps and other instruments, as every needle-prick and crushing of tissue by forceps in manipulating with so delicate a flap seriously injures its vitality and favors non-union.

3d. The tying of the knot, which should be the ordinary surgeon's knot, should be just tight enough to accurately coaptate the flaps without constricting unduly the included tissues, full allowance being made for the subsequent swelling. This step is second in importance to no other in the operation, and requires good judgment and a delicate sense of touch; the fingers should be used in preference to any instrument for



this purpose. A single tight stitch may defeat in whole or in part the desired success. Careful watch of the stitches was kept from day to day, and one exhibiting indications of tightness was immediately removed, the nearness of the sutures permitting the removal of one without interfering seriously with union.

4th. The locating of the knot, which should not be immediately over the line of apposition. A knot so placed, acting as an irritant and sinking into the tissues during the period of swelling, favors suppuration.

With the exception of one stitch removed on the second day, the balance remained six and seven days, when evidences of commencing suppuration about several of them caused their removal, and healing was found complete. A few weeks subsequently, following the plan recommended by Mason,\* I incised the soft palate upon either side, converting it into a huge uvula. Never having practiced the procedure before, so much caution was exercised that a second attempt will be necessary to make it thoroughly effectual. These incisions relieve the tension of the soft palate, which is one of the greatest hindrances to speech.

### A FORM OF DIFFUSE CELLULITIS OF THE HAND, OR CARBUNCLE OF THE HAND.

BY W. C. GOODENO, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

[I USE the term carbuncle, simply to call attention to the similarity existing between the affections under consideration and the common disease bearing that name, not considering it in any wise suitable.]

Several cases, which I believe the above title explains, have fallen under my notice. The symptoms are so severe, and the results so serious, that in the absence of any detailed specific description, I thought an account of the affection, drawn from eight well-developed cases, might be of some interest to this society. The disease would appear to be almost peculiar to the hand, judging from my own limited experience, for I have not observed a similar instance in the foot. The medical treatment has been highly unsatisfactory; for I am not aware that I have essentially modified the symptoms in a single well-developed case. The reasons are, probably, that few cases appear

\* *Surgery of Face*, p. 105.

for treatment sufficiently early, and the inflammation is so diffuse and intense, and bound up within such dense fascial membranes, permitting little swelling comparatively, that a complete arrest of nutrition ensues, resulting in the extensive death of the tissues, and the product of sloughs. It is easy to see, from these considerations, the limited value of internal remedies in advanced stages. So rapid does the gangrene occur that when, for instance, the inflammation begins in one of the fingers, a gangrenous tissue can be demonstrated by incision before the inflammation has extensively involved the hands, as I have noted in several instances. Some cases might be very properly called acute inflammatory gangrene. Usually as the result of some injury to the hand or fingers, perhaps a blister from friction, a prick from a splinter, or the bite of an insect, rapid swelling, attended by redness, heat, etc., in short, the usual signs of active inflammation occur; these rapidly increase until after the expiration of three to five days; the hand and wrist are greatly swollen, and the seat of horrible pain. In many instances the pain equals that attending any condition with which I am acquainted. The pain and tenderness may exist as high as the shoulder, although visible signs of inflammation do not exist, as a rule, above the forearm. It usually ends in suppuration in seven to ten days, or a tedious subsidence is followed often by serious impairment of the functions of the hand. The pathology, judging from the apparent condition, is essentially a cellulitis, although it would seem that no tissue escapes, judging from the extensive sloughing. Such symptoms and results are not surprising when we consider the large number of articulations, tendons and synovial membranes, all bound down by dense fascia, with so large a supply of arterial blood. The swelling is limited only by the elasticity of the tissues, and is due to large inflammatory effusion. Suppuration usually occurs upon the palmar surface, but owing to the density of the overlying fascia, the pus finds its way through to the dorsum of the hand, where the opposition is less. The most favorable cases are those in which suppuration occurs early, and is not too diffuse. The gravest, those in which pus does not collect and point, enabling us to afford prompt relief by early incision, but rapid necrosis of tissue occurs, together with more or less involvement of the extremity. As stated before, medical treatment has availed little in my hands. I do not question the ability of a properly selected treatment to arrest the inflammation, if adopted sufficiently early, but the practical fact re-

mains, that the majority of such cases do not come under observation until necrotic tissue is present, with rapidly extending inflammation.

The local or surgical treatment adopted has been as follows: rest of the member upon a suitably padded splint, with the arm raised on pillows or otherwise. Water dressings or warm poultices to relieve pain and favor suppuration.

If, with this treatment, conjoined with suitable medication, the area of inflammation does not materially increase, all that remains to do is to make suitable incision at the proper time, to evacuate collections of pus, and keep up persistent passive motion as soon as practicable, to prevent impairment of the function of the hand. But in the majority of instances the inflammation continues to increase in spite of such treatment. The most effectual means at our command under these circumstances is a fine tenotomy knife or a Gräfe cataract knife. The patient being etherized, the inflamed parts are punctured deeply and freely, and bleeding promoted by plunging the hand into warm water. A free incision should be made at the point of initial inflammation, as considerable sloughing seems always to occur at such points. Incisions may also be advantageously made in other portions of the hand when swelling is very great and relief is not secured by the punctures. This plan has succeeded admirably in the cases which I have treated, and I believe it can be confidently recommended. This disease, as I have observed it, needs active surgical treatment, and the loss of a portion of the hand or of its function may be the result of its neglect. Two cases with which I am acquainted, in which it was neglected, and both of which were treated with great care by internal medicines, resulted, one in such loss of tissue from the palm as with the resulting cicatrices to make the hand nearly useless. The second lost the left index finger and the use of its neighbor.

#### DISCUSSION.

REPORTED BY CLARENCE BARTLETT, M.D.

DR. C. M. THOMAS was particularly interested in Dr. Goodno's paper on phlegmonous inflammation of the hand. He referred to cases treated by himself, and observed that the trouble usually started in the little finger, then involved the thumb, or *vice versa*, the inflammation rarely extending to the index, middle and ring fingers. This, Dr. Thomas explained on anatomical grounds, and referring to the dense fibrous tissue



through which the pus must burrow in these cases, and to the fact that the inflammation may involve one of the most important joints in the body, urged that an early, deep incision cannot be too strongly insisted on. A superficial incision may relieve the pain for a time, but to effectually prevent the loss of the functions of the hand, the cut must be deep, to give free exit to pus. In the after treatment it is essential, so soon as the inflammation has subsided, to resort to *massage* and movements to bring about functional activity to the joints involved. He had seen no good results follow internal medication.

DR. M. MACFARLAN thought Dr. Goodno's cases had been misnamed. In his opinion, they were simple cases of palmar abscess, such as may spring from felon. Water dressings are good, but fermenting poultices are better. *Rhus tox.*, he found, had great effect in relieving heat and pain, and in controlling suppuration. After suppuration *Hepar* acts well. Passive motion, as recommended by Dr. Thomas, is needful.

DR. H. NOAH MARTIN inquired whether Dr. Goodno's cases were cases of so-called "catarrh of the hand."

DR. W. C. GOODNO said that is the disease he referred to. He did not mean simple abscesses of fingers or of the palm. Gangrene is observed before pus can be detected. In one case the suppuration extended above the elbow. Most of his cases had come from other physicians after disease was well advanced, but he had had primary cases also.

DR. JOHN C. MORGAN believed the cases were only aggravated forms of palmar abscess, the gangrenous inflammation resulting from bad treatment. As the slough of the deep fascia of the hand resembled the core of a carbuncle, he thought carbuncle of the hand, the term employed by Dr. Goodno, was no misnomer.

He thought such a slough would never develop if cases of felon or palmar abscess were properly treated in the beginning, by the homœopathic remedy. Of course if pus has formed, it must be let out, as Dr. Thomas and the writer of the paper advise. As to medicines, *Ferrum phos.* and *Kali mur.*, as used by Schüssler, are of the greatest importance. Dr. Morgan then related a case of a dressmaker who had a deep-seated thecal inflammation of the thumb, in which, after failure of other treatment, *Ferr. phos.* 12 $\times$  trituration, every three hours, relieved pain entirely, and at the end of three days the inflammation was all gone apparently. By renewal of work too soon, the thumb again became swollen and painful, when *Kali mur.*, 12 $\times$  trituration, was given, and the whole trouble

was cured thereby, only two or three drops of pus being discharged. He believed trouble ought to be prevented in every case that comes to the homœopathic prescriber sufficiently early. Dr. Morgan also spoke of *Chamom.*, which, according to Dr. Hering, is the Opium of the homœopath to relieve pain. A case of fracture of bones of the elbow from a fall from the fourth story of a burning building, was quickly relieved of all pain, which had been so severe as to deprive the patient of sleep, by *Chamom.* 200. The acute conditions of wounds with great pain are met admirably by *Acon.*, even where *Morphia* fails. This Dr. Morgan illustrated by several cases, to prove that whenever, after injury, reaction is complete, *Acon.* is the remedy.

DR. C. MOHR said that as long ago as 1830, and hundreds of times since, Dr. Hering gave *Chamom.* in cases spoiled by the use of Opium or *Morphia*, at least as an intercurrent, before giving other remedies, and mostly with brilliant results. This corresponds to the secondary symptoms of *Opium*, not at all to the primary, and acts better in the lower dilutions. Dr. Mohr uses *Chamom.* 3 much oftener in such cases than *Bel-lad.*, which remedy is perhaps more frequently employed by homœopathic practitioners than any other, but in his judgment is not nearly so efficacious. In reference to Dr. Macfarlan's recommendation of *Creasote* in septicæmia, Dr. Mohr agreed, but he thought *Arsenic* was underrated, and related a case of undoubted pyæmia cured by *Arsenic* 30. The case was that of a mulatto girl, who, after applications of iodine to a suppurating knee-joint, had irregular rigors, fever, and exhausting sweats, and expectorated pus with her cough, induced by metastatic abscesses; her face was earthen in color, and there seemed little chance of recovery. The anxious restlessness at night, and thirst, were the indicating symptoms for the remedy employed.

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### OUR FUNGUS REMEDIES.

BY E. M. HOWARD, M.D.

(Read before the West Jersey Homœopathic Medical Society.)

IN homœopathic literature there are provings of about one thousand drugs, fully two-thirds of which are derived from the vegetable kingdom. Of this large number of vegetable remedies, we obtain twenty from that very low order of plants known as fungi. Aside from their interest botanically, fungi have a twofold interest to the medical profession.

First, because it is from such simple manifestations of life that we may learn the most important biological lessons; and second, because an ancient idea that many diseases are the result of the growth of some vegetable organism, has been revived modernly, and is now so largely taught and believed as to render a thorough knowledge of the life and history of fungi indispensable to every physician. At least nine-tenths of the profession, of all schools, base their treatment of many of the contagious diseases, either partly or wholly, upon the theory that a fungous growth is the cause of the disease. But whether we accept the mycetic theory, and practice accordingly, or reject it and weigh arguments, "pro and con," we must know all that is possible about fungi.

Every one is familiar, in a general way, with the toadstools, those odd-looking, somewhat ill-smelling growths, which spring up in a night with Aladdin-like rapidity, and although some species are eaten with a relish by a few, are considered as unwholesome and poisonous by the most of the human race.

Every one also is familiar with the general appearance of those slimy moulds which gather to the destruction of everything which is kept in damp places, destroy our food, invade even our ink-bottles, and are intimately connected with all processes of decay and putrefaction. But in this case, as in others, familiarity breeds contempt, for there are probably no living organisms concerning which there is so much general ignorance of what has been learned about them, nor concerning which so much remains to be investigated. Although there are as many species of fungi as there are of all flowering plants added together, very little can be learned about them from our ordinary works upon botany.

At the very outset of his study, the botanist is struck with their paradoxical character. In rapidity of growth and speedy decay, they are more allied to low animal, than to vegetable forms. Like animals, they feed upon organic matter; their substance is rich in nitrogen, has a savory, meat-like taste, and when decomposing, gives out a strong cadaverous odor. They differ from all other vegetables in the absence of green coloring-matter, or chlorophyll grains. There may be found all tints, from a black or brown through sulphur-yellow to crimson, purplish-black, occasional blues, and *rarely* olive and mineral green, but never a chlorophyll green. This fact explains the vast difference of their physiological actions. In green plants, the chlorophyll grains in the leaves and bark are the little



chemists, which, using the starch grains as their crucibles, sunlight for their fire, and carbonic acid and water for material, work out the most marvellous chemical products of plant life. But fungi, lacking these useful chemists, are obliged to obtain their protoplasm ready made from some other plant or animal, hence are parasites, and having no use for sunlight, differ from all other plants by growing just as well or better in darkness. The only physiological action we can trace is, that their protoplasm is constantly, during life, absorbing oxygen and throwing off carbonic acid to contaminate the air, as animals do by the act of breathing, showing another queer analogy to the animal kingdom.

We may gain an idea of the general structure of these growths by examining a common mushroom or toadstool (*agaric*). But first let us understand that there is no botanical distinction between mushrooms and toadstools. Both terms come from French and Latin words respectively, meaning moss. The term mushroom is, however, generally restricted to edible forms. If any fungus is found to be fit to eat, it rises to the dignity of a mushroom, if not, it is nothing but a miserable toadstool.

That part of a mushroom which is seen above ground, is only its reproductive system, corresponding to the inflorescence of higher plants. It consists of a thick fleshy stem or *stipe*, bearing an umbrella-like top, called the *cap* or *pileus*. On the under surface of the cap are those curious radiating vertical plates of delicate substance known as *gills*, which, like the gills of fishes, are only a device of nature for giving a great increase of surface. These plates or *gills* are lined with a delicate membrane called the *hymenium*, on which grow the seeds or *spores* of the plant. In the early stage of growth the gills, with this delicate spore-bearing membrane, are protected from outside influences by a membrane stretching from the outer edge of the cap or *pileus* to the stem or *stipe*, completely inclosing the gills,—it is called the *veil*. As the plant matures, and the *pileus* expands, this *veil* is ruptured, allowing the spores to fall out, and the only signs of it which we usually find, are its ragged remains surrounding the *stipe*, like a ring, and called the *volva*. So much for the part of the mushroom that is above ground, but the most important structure, and the one which is similar in all fungi, the *mysetium*, is below ground. The *mysetium* is a very simple structure, consisting of delicate cellular filaments interlacing and penetrating in every direction the rich mould or decaying substance in which the plant grows.

This is the vegetative system, and is the only part which all fungi possess in common. In our seed stores masses of these mycetia and their adhering soil, pressed in the shape of bricks, are sold under the name of mushroom *spawn*.

This vegetative system being eventually the same in all fungi, they can only be classified into species and orders by differences in their reproductive systems.

The following is a complete list of our fungus remedies, and the orders to which they belong :

#### Order *Agaracini* :

- Agaricus muscarius.*
- “ *campestris.*
- “ *citrinus.*
- “ *emeticus.*
- “ *pantherinus.*
- “ *phalloides.*
- “ *procerus.*
- “ *semiglobatus.*
- “ *campanulatus.*

*Russula foetans.*

#### Order *Polyporiei* :

*Boletus luridus.*

“ *satanus.*

“ *larius.*

*Polyporus officinale* (Larch Agaric).

“ *pinecola* (Pine Agaric).

#### Order *Phalloides* :

*Phallus impudicus.*

#### Order *Trichogastres* : (Puff-balls).

*Lycoperdon gemmatum.*

#### Order *Sphæriacei* (and lower similar forms).

*Claviceps purpurea* (*Secale cornutum*) (Ergot).

*Ustilago maidis* (Corn smut).

*Peronospora infestans* (*Solanum ægrotans tuberosum*).

*Lolium temulentum* (Darnel, diseased specimens).

The order of *Agaracini* is easily recognized. The mushroom, as described above, is a type. The presence of gills, a veil, and a distinct hymenium are sufficient to characterize the order.

The *Polyporiei* have no gills, but instead, on the under side, or all over the pileus, there are little tubes or pores, which

give the needed increase of surface for the expansion of the hymenium. The genus *Boletus* comprises the fleshy and edible forms,—while the *Polyporus* is a dry, leathery, or corky genus, which is familiar to all, as it grows very profusely on old stumps, logs, and even the bark of trees.

The *Phalloidei*, instead of an umbrella-shaped top or pileus, have a club-shaped top, covered with a roughly corrugated hymenium, and is thus easily recognized.

The *Sphaeriacea* is a much lower order than the preceding, and is microscopic in size, nevertheless it is a miniature agaric. Its mycelium penetrates the kernel of the grain on which it grows. From it there arises a thickened stem, which is crowned at the summit with a globule, which is called a sporidio, because within it are numberless spores. In the ergot the stem is curved like a horn or spur, whence the name, spurred rye. Each globule of the ergot contains a vast number of purplish spores. In the corn smut (*ustilago*), we find a still simpler structure. It consists of immense numbers of delicate filaments (*mycelia*), each one of which (called a *hypha*), is terminated by a simple black spore. In all these species, it is the minute spores which form the smut of the grain, the snuff of the puff-balls, and the various colored dust of all varieties. These spores are exceedingly small, many of them are invisible to the naked eye. The number of seeds which the different species of fungi disseminate in a single year is beyond imagination. The common puff-ball contains upwards of ten millions, so small that they appear as a mere cloud when burst in the air. A single filament of the mould which infests bread (*Penicilium glaucum*), will produce as many germs as an oak will acorns. A piece of decaying meat an inch square will scatter, at the slightest breath, as many seeds as all the oaks in the country will produce acorns in a year. These spores are continually floating in the air we breathe, or swimming in the water we drink, or lying amid the impalpable dust of the soil, waiting the presence of warmth and moisture to burst into independent life. Considering this, it is not too much to suppose that the seeds of fungi are ubiquitous, and from their minute size penetrate every place, even to the internal organs of animals. Indeed it is difficult to imagine a spot without them. These facts must be borne in mind, when we are striving to connect fungus growths with the causes of disease.

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## COTO BARK IN COLLIQUATIVE DIARRHŒA.

BY T. F. CONOVER, M.D., PHILADELPHIA, PA.

ABOUT two weeks ago a patient of mine in the last stage of phthisis pulmonarum was attacked with diarrhœa, and after using several remedies for her relief, without the desired effect, I resorted to Coto bark (fluid extract), a few drops in a glass of water; dose, two teaspoonfuls every fifteen minutes until relieved.

The discharges from the bowels were watery, yellow, slimy, offensive, looking much like the yolk of an egg slightly beaten; pain through bowels before and during stool, also passed a quantity of flatus at each evacuation; only about ten or fifteen minutes elapsing between the time of taking nourishment by the mouth and a passage from the rectum; aggravation from 12 o'clock noon to 7 P.M.

She had more than thirty evacuations in ten hours; after the use of the Coto bark they were reduced to seven in twenty-four hours, losing the offensive smell and becoming more papescent; her food was then retained from two to three hours, and digestion was more thoroughly performed.

The improvement in the diarrhœa continued until her death, some four days after the exhibition of the drug.

## CASES TREATED WITH HIGH POTENCIES.

BY J. V. ALLEN, M.D., PHILADELPHIA.

Mrs. S., æt. sixty-three years, applied to me, August 27th, 1881, suffering with a spasmodic, involuntary contraction of the fingers when grasping anything. If the patient attempted to sweep she would be unable to release her hands from the broom without assistance.

She also suffered with nervous weakness; the least exertion would bring out large drops of perspiration over the face and chest. I prescribed six powders of *Drosera rotund.* 50<sup>m</sup>, Fincke, two doses a day for three days. She reported, August 31st, that the affection had disappeared after taking the first two powders. I saw her on September 16th, and she had had no return of the symptoms.

Mr. McG., aged twenty years, a barber by trade, came to me, September 7th, suffering with rheumatism of the wrists and knee-joints. The joints were somewhat swollen, and the pains were excited and made worse by the least motion of the

parts. He had been suffering with rheumatism for the past four weeks. I prescribed *Bryonia*<sup>cm</sup>, Skinner, four powders, two doses a day for two days. The patient reported, five days later, that on Saturday he worked at his trade from early morn till late at night without experiencing the least pain; and up to the present time, September 16th, he has had no return of the rheumatism.

I report these two cases to show the efficiency and rapidity with which the high dilutions act.

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## Miscellaneous Contributions.

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### CLINICAL LECTURE—INTRODUCTORY.

BY CHARLES MOHR, M.D., LECTURER ON CLINICAL MEDICINE AND PHYSICAL DIAGNOSIS,  
HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

GENTLEMEN: By clinical medicine, is meant, strictly speaking, the investigation of diseases at the bedside. The term clinical (from *cline*, a bed) is used, however, to distinguish a branch of medicine embracing the study of all diseases, including those which do not require confinement in bed, and it is to these latter I will be compelled by existing circumstances to direct your attention principally in our clinics. Owing to the ignoring of the rights of the homœopathic taxpaying fraternity by our State legislators and city hospital authorities, and to the indifference of a large portion of the homœopathic laity, we do not possess a hospital in which bedside instruction can be given. It is true, thanks to the untiring efforts of a few souls, good and true, we have hospital wards connected with this amphitheatre, but owing to a paucity of means we cannot keep the beds filled, and hence there will be observed a scarcity of bedridden patients in our clinics. Nevertheless we will be able to show you numerous and instructive cases. When our State legislature shall appropriate sufficient funds to enable us to build a hospital commensurate with the worth of homœopathy, and when the Board of Guardians of the Poor of this city shall open wards to us in our charity hospital, we shall be able to have as much and as varied material as do our more favored brethren of the old school in their clinics.

Either some powerful influence must be at work among

legislators, urging them to disregard the rights of homœopathsists, or the legislators are criminally negligent of the welfare of no inconsiderable portion of their constituents. Does it ever occur to these gentlemen that all over our land there are thousands, yea millions, of citizens who prefer and want nothing but homœopathic treatment? We know this, and so we are persuaded to believe that the State ought to provide students of homœopathic medicine with such facilities for clinical instruction as will enable the young practitioner of our school to recognize disease, and treat it according to the homœopathic method, just as readily as the young practitioner of the dominant school is enabled to do (according to the old-school method), because freely provided with the means so ignobly withheld from us. May that day soon dawn!

Patients affected with disease will be the subjects of study in this course of lectures, with reference especially to two ends, namely, *diagnosis* and *treatment*.

In the investigation of any case of sickness we must first ascertain with what disease (or diseases), the patient is affected. This we call arriving at a *diagnosis*. The diagnosis having been made, our next step must be to make use of measures for arresting the disease, diminishing its severity, shortening its duration, promoting a favorable termination, preventing complications, or sequele, and to relieve suffering. This is what we mean by *treatment*.

To attain these ends we require knowledge pertaining to anatomy, to physiology, to pathology (the branch of medicine whose object is the knowledge of disease), to physics, to chemistry, and to materia medica. But the range of clinical medicine is not restricted exclusively to these branches, which make up purely medical science, for psychology and an acquaintance with the diversities of human character are often involved. Preventive medicine, strictly speaking, does not belong to those branches of medicine already alluded to, but, based chiefly on what is known as *etiology* (the doctrine of the *causes* of disease) is, therefore, with propriety considered as a collateral branch of medical science, and one of such importance as will induce me to lay considerable stress upon it whenever connected incidentally with the study of our clinical cases, believing, as I do, that preventive medicine will be a large part of "the medicine of the future."

You thus see, gentlemen, that clinical study implies work; logically follows the elementary medical studies, and is continued, after graduation, *ad finem*. It implies work for you



as well as for me, and at the outset, let it be understood that I will spare no labor to enable you to work satisfactorily.

Our clinics, so far as possible, will be made to supplement the didactic chairs of our school; clinical and didactic teaching will be correlated; as far as circumstances will permit, cases illustrative of the lectures of the chair of practice will be presented.

You must not expect to be enchanted by any oratorical display. So far as brilliancy is concerned, the study of my cases will be uninteresting. I cannot give you showy, curious, or exciting clinics, such as students are sometimes induced to look upon with most favor; indeed, if I could, I would not; but, I can give you clinics that will enable you to fitly comprehend the onerous, and yet attractive, duties of the practical physician, bent upon a Christlike mission. In lecturing, my tone will be conversational; I will be exact in the use of words; I will avoid the pedantic use of technical terms, but where they must be used, I will explain their meaning, so that the freshman will comprehend them. I will often repeat statements, and pause at times to give demonstrations. For the most part cases will be exhibited that I have examined in private, because I wish to relieve patients of the embarrassment which an examination before a large class of students often occasions, a full investigation involving points of inquiry which patients want to feel are among confidential communications. All such communications, necessary for you to know for a full understanding of the cases, will be imparted, but not in the presence of the patient. From time to time, however, whenever I can gain a patient's consent, I will examine him or her first before you, not, be it understood, for the purpose of "showing off" any extra diagnostic skill or great astuteness in semeiology, but simply for the purpose of acquainting you with the *modus operandi*.

While it is true that patients at college clinics are provokingly uncertain in their attendance, I will endeavor, and think I can promise to do so, to show cases a second and a third, or even more times, to enable you to watch the progress of curable as well as incurable diseases, and to note the results of treatment.

Just here I am persuaded to say a word respecting behavior on the part of students. Many patients absent themselves, after having been once presented to a class, because they imagined some of its members laughed at them, or made light of their sufferings, or were jesting about their appearance,

when such has really not been the case. Medical students are the best fellows in the world I know, and would not willingly give offence nor hurt the feelings of any poor patient; at least, that is the impression I have formed after a daily association with the students of this college for more than eight years. But, they are thoughtless sometimes, or perhaps, tired with three or four hours' continual sitting, become restive and "skylark" a little for needed relaxation; but, let me beg of you, gentlemen, to exercise a little care, and, if need be, to suffer a little torture even, lest your conduct be misconstrued. Remember that, while the patients presented before you are, as a rule, of "the Lord's poor," they are frequently ladies and gentlemen in the best sense of those terms, but by poverty and illness are brought to our doors for needed relief, and can poorly afford to think themselves the "laughing stock" of young men they imagine are boorish. I think I will need to say no more on this subject, for I believe now that you will all endeavor to conduct yourselves with me in such manner as will make our patients say of us, the students of the Hahnemann Medical College are gentlemen.

These clinics will also be used for the purpose of the personal training of students of the graduating class. I shall arrange material so that senior students may examine patients for themselves. I do not wish you to be satisfied with the knowledge you can pick up by listening to lectures or seeing cases, but I desire you to be thoroughly in earnest, so that when you approach that stage of your labors when the examination for the college degree is beginning to be feared, you will be able to sit down collectedly with a patient, take his history in writing, note the important symptoms, make a diagnosis, give the prognosis, and outline the treatment. At the end of the course, the examination of three such cases will constitute the basis of your examination on clinical medicine, and indeed, if these cases be exceptionally well described, as I have reason to hope they will be, that alone will amply suffice to convince the faculty that you have been studious and deserve your degree so far as my particular branch is concerned.

As system in your clinical studies is of the greatest importance to you, I have had printed the following scheme, of which a copy will be given each of you at the close of this lecture:

#### DIRECTIONS FOR CASE TAKING.

##### PRELIMINARIES.

1. Enter name. Nativity. Age. Whether married or not. Occupation. Residence. Date of application for treatment.

2. State what the patient complains of, as far as possible using his own words. In case of children take report of parents.
3. *History of Present Illness.* Date and manner of commencement. Order of appearance of symptoms. If any treatment heretofore employed.
4. *Family History.* Number and condition of health of those living; ages and diseases of deceased; inquire as to points in the inheritance bearing on the case and its causation.
5. *Personal History.* Habits, occupations, residences, previous illnesses; *inframurals* carefully; gonorrhea, syphilis, etc. Give dates.

## PRESENT CONDITION.

- a. *General Examination* as to development, height, weight, muscularity, posture. 2. *Expression*; color of face. 3. *Integument*; temperature, perspiration, eruptions. 4. *Lymphatic glands*; neck, axilla, groins; etc.; tenderness; nodality; tendency to suppuration. 5. *Locomotor system*; state of bones, muscles, joints.
- b. *Neurological System*  
*Peripheral.*—Nerves; motion, sensation, special senses.  
*Central.*—Brain and spinal cord; intelligence, sleep, headache, etc.
- c. *CIRCULATORY SYSTEM:*  
*Peripheral.*—Arteries, veins.  
*Pulse*; number, character, variations.  
*Central.*—Heart, and large vessels within thorax.  
 Examine these as to—  
 (1). *Symptoms.*—Cardiac respiration, palpitation, pain, syncope, etc.  
 (2). *Physical signs.*—Inspection, palpation, auscultation, percussion.
- d. *RESPIRATORY SYSTEM:*  
*Peripheral.*—Nose; action of the nose. Larynx; voice. Trachea.  
 Cough.  
*Central.*—Lungs and pleura.  
 Examine these as to—  
 (1). *Symptoms.*—Number of respirations, dyspnoea, pain, cough, expectoration, hæmoptysis, etc.  
 (2). *Physical signs.*—Inspection, palpation, percussion, auscultation.
- e. *DIGESTIVE SYSTEM:*  
*Symptoms.*—Tongue, teeth, deglutition, appetite, thirst, digestion, nausea, vomiting, bowels.  
*Physical signs.*—Inspection, percussion, palpation.  
 Size and general character of *liver* and *spleen*, and condition of *stomach* and *intestines*, determined by percussion and palpation.
- f. *URINARY SYSTEM:*  
 Frequency of micturition; pain; hæmaturia.  
 Urine; quantity in 24 hours, color, reaction, spec. grav., odor; deposit; clarity, general, chemical, and microscopical character.  
 Size and position of *kidneys* and condition of *bladder*, determined by percussion and palpation.
- g. *GENERATIVE SYSTEM:*  
 Menstruation; frequency, duration, quantity, pain. Leucorrhœa.  
 Condition of uterine and pelvic organs. Coition. Pregnancy.  
 Lactation.  
 Condition of male organs. Coition.

## DIAGNOSIS.

Should be given in full; including causes and all lesions and disorders, arranged in order of importance and succession.



## PROGNOSIS.

Immediate and remote.

## TREATMENT.

Prescriptions and diet, etc., should be entered, and all alterations noted, with dates.

## TERMINATION.

If in death, give results of *post-mortem*.

These directions of the *genetic*, *synthetical*, or *historical* method of case-taking will be followed in our clinics in the examination of cases until you are sufficiently familiar with it, then we will pursue a reverse method, the *analytical*, in which the present condition is first ascertained and subsequently the patient's history or *anamnesis*.

The *synthetical* method is the more purely scientific, and while too full and calling for too much labor for the busy practitioner, it is nevertheless of great value to the student and young practitioner, as it makes him a thorough and painstaking observer, and in due time will be productive of a large yield in the facility with which, in after years, when professional cares are great, he can analyze many cases quickly. The object is to interrogate all parts of the body sufficiently to ascertain whatever important symptomatic phenomena may be present, and also to exclude those which are not present. Without these positive and negative facts, a case has not been fully investigated; and the diagnosis at the hands of the unskilful at least, will be likely to be incomplete or erroneous, if any one of the different physiological systems be overlooked or not sufficiently interrogated.

Some of you may say, "But, what is the use of examining organs that are not affected?" Of great use, I reply, for the more thoroughly you are acquainted with the location, size and functions of normal organs, made manifest by personal experience, the more readily will you be able to detect deviations from the normal in disease.

But, circumstances alter cases, and the exigencies of medical practice often require a speedy diagnosis with reference to immediate therapeutic indications. For instance, if a patient is suffering with paroxysms of intense pain in the lumbar region of one side, which passes rapidly or slowly in a direction downward toward the bladder; the patient feels faint, and with much effort represses his groans; his body is bathed in sweat, but there is no fever, a diagnosis is at once based on the subjective symptoms, and with one or two questions only we

determine the fact that the man has renal colic, and our duty is to relieve the suffering at once and assist the passage of the calculus. Such examination is allowable on the ground of the necessity of haste: but, if at some later period, a year or two perhaps, this same patient applies to another physician, complains of severe lumbar pain or uneasiness, but says nothing of the old paroxysms of pain, it would be folly for the doctor to decide that the patient had lumbago and expect a porous plaster to cure. In such case, after due investigation it might be found, perhaps, that the man was suffering with pyelitis from an impacted calculus, or some equally grave renal disease.

Prompt diagnosis is desirable when the condition of the patient precludes any aid from subjective symptoms. A patient, for example, may be comatose either from cerebral apoplexy, uremia, alcoholism, narcotism, an epileptic paroxysm, hysteria, or from injury to the head. It may be highly important to decide at once which of these several conditions exists, and the diagnosis will have to be based entirely on objective symptoms, in order to meet the therapeutical indications.

The prognosis and treatment hinge upon the diagnosis, which is likely to be correct in proportion to the knowledge and skill of the physician. Other things being equal, the risk of making an imperfect or an erroneous diagnosis, is proportionate to the rapidity or incompleteness of the investigation, but, under certain circumstances, as we have seen, the treatment must be based on a provisional diagnosis. Indeed, in some cases the urgency for treatment is so great as to warrant one in beginning it before it is possible to reach any sort of a diagnosis, and again, in other cases, where there is no urgent necessity for treatment, no matter how carefully the patient has been examined a diagnosis ante-mortem is not possible.

Let it be remembered, however, that all things have certain bounds, and there is a point where danger may arise from paying very minute attention to diagnosis. It is a study so interesting, as to be conducted so entirely without reference to other points, and especially to the treatment of the case, that some minds are carried away; and, lost in the pursuit of diagnostic knowledge, forget entirely for what purposes chiefly that knowledge is profitable. Its principal use is to enable us to foretell the course and probable issue of a malady, and so far as it applies, to form plans for the relief of the suffer-

ings and disorders of those who trust us with their health and lives.

After the subject has been properly studied, and sufficient experience has been gained to justify you in putting aside the synthetical method except for rare cases, you may adopt a middle course in examining patients, to wit, take a general survey of the history and the prominent symptoms, and having obtained a clue to the organ or part most likely to be affected, examine that with care. Coming to the bedside of the patient for the first time, you inquire how long he has been sick, and how the sickness began; you ask how he is troubled now, where he has pain, or where he feels any discomfort. While these inquiries are made, you note his general appearance and expression, the position of his body, his movements and his breathing. Apply your hand to the skin to ascertain its temperature and degree of dryness or moisture, feel the pulse, and ask to see his tongue. Partly from this examination and the history previously obtained, you fix upon some organ to be specially investigated as to its physical state, and whether its functions are decreased, increased, or perverted. Then you must look to parts that are anatomically or physiologically most nearly related to the organ diseased, and complete the investigation by noting with due care the condition of other portions of the body. Elicit fully such points as bear upon the diagnosis, which the mind consciously or unconsciously, has already begun to frame; weigh the symptoms carefully, strike your diagnosis, and decide upon the treatment. This is the method most generally pursued by every sufficiently careful physician in general practice, and it is one which should be pursued as a rule, except in the few exigencies already alluded to.

As our studies in clinical medicine progress, you will see the importance of the plan for case-taking I have thus outlined, but you will be struck more particularly, perhaps, by the care pursued in eliciting from patients a history of their former treatment, and a clear account of their present symptoms. This is done, because the majority of the thousands of cases treated annually in our dispensary, from which our clinical material is drawn, are patients who have had years of allopathic treatment, to their infinite disgust. You will doubtless be astonished to see how many cases have been treated with *quinine* until they are quinine drunk; you will be shocked to find how many have been dosed with the *bromides* until bromism has been added to their nervous phenomena; you



will see cases to convince you that morphia does not always "quiet pain and lull to sleep" (Wood), but produces a state worse than the painful one for which it had been given, and so I might go on multiplying cases in which poor sufferers from allopathic blundering, are crying at homœopathic doors for relief from effects of many other, for the time being, fashionable drugs. Professor Wood, of the University of Pennsylvania, has written: "Experience is said to be the mother of wisdom. Verily she has been in medicine rather a blind leader of the blind; and the history of medical progress is a history of men groping in the darkness, finding seeming gems of truth one after another, only in a few minutes to cast each back to the vast heap of forgotten baubles that in their day had also been mistaken for verities." This was written within the last decade, and so far as allopathy is concerned, is true to-day. The allopaths, or "regulars," as they prefer to style themselves, have become so accustomed in the last 2000 years, to such "experience" as Professor Wood refers to, that even when they do find real "gems" (small doses of single drugs indicated by the principle *similia*), they say nothing about them (from bigotry?), or else from sheer force of habit cast even these into their "vast heap of forgotten baubles," whence they are never resurrected, and so they keep "groping in the darkness." If these gems were only displayed so that all might see, how brilliantly the future would be lit up by them!

Understand, please, that I do not wish to abuse our allopathic brethren. We have good reasons to bless their great lights for the service rendered medical science in the investigation of diseases. While we have been busy building an almost all-including materia medica, they have been busy giving us a comprehensive pathology. While we have been curing, they have been finding out what ought to be cured. We have profited by their teaching, they have failed to profit by ours! Let us be grateful to them for what they have shown us of the causes and results of disease, and let us appropriate still more of their knowledge of pathology, and soon, by the aid of our glorious materia medica applied on the principle *similia*, the more than 10,000,000 people of these United States who employ homœopathic treatment to-day will have increased to 50,000,000, and our allopathic brethren will have been swallowed up in this number, or else they will be found among their idols composed of the "forgotten baubles."

A careful investigation of the treatment formerly employed

by the patients we may be called on to prescribe for, is important, because almost always drug symptoms must first be removed before disease symptoms can be comprehended even. The symptoms themselves in these cases will often tell us what remedies had been employed by the old-school prescribers, but if a lack of knowledge of drug symptomatology prevents this, a reference to their works on therapeutics will quickly tell us the story, or a perusal regularly of one or two of their medical journals, as they appear weekly or monthly, will give us for the time being fashionable medicine for the various ills of mankind.

To *semiology* (the branch of pathology whose object is the doctrine of the signs of disease), we will give as much attention as necessary, and you will find not unfrequently, that certain appearances alone indicate the disease a patient is suffering from, and may even be so marked sometimes as to suggest the proper remedy; but, as a rule, the *subjective symptoms* of the patient are the most characteristic in enabling us to select the homœopathic remedy. These must be closely analyzed, and if it may appear to you that I am very exact, and perhaps tedious in getting symptoms properly defined, please remember that it is only following Hahnemann's directions for case-taking, and the method for purposes of homœopathic prescribing.

Whenever possible I will explain the anatomical basis of a symptom, and the physiological function of which the symptom is a perverted expression. This will open a wide field, I trust, in lessons in those portions of anatomy and physiology which every practical physician should know. Such study of anatomy and physiology of the human frame leads to accurate regional diagnosis, or the diagnosis of localization of disease.

I will frequently show you two or more cases of identical diseases together, to illustrate more pointedly the principles of homœopathy, and why it is we give different remedies to different persons suffering with the same disease. This plan will enable you the better to comprehend the comparative method of teaching materia medica employed by Professor Farrington.

I will endeavor to teach you differential diagnosis by showing at the same time persons suffering from diseases resembling each other, and yet nothing like; and finally, patients exhibiting different stages of the same affections.

This outline of our work for the term shows you that I intend to present everything relating to cases in the most ob-

jective and tangible manner possible, and this is done, not only that you may presently learn, but that you may be afforded the opportunity to take full notes for future study. The ability and power to retain the elements of an oral medical communication is an evidence of unusual mental power and careful training, and this you will excuse me for saying, is not ordinarily possessed by medical students, especially now when so many are bent on the nonsensical process called "cramming." I would urge you, therefore, in concluding this introductory lecture, to take careful and full notes. In our clinics, as I have already said, there will be much repetition, perhaps, but this will be more beneficial than otherwise, and a carefully kept record of the cases presented, will prove invaluable to the intelligent and earnest student. His case-book will be a most excellent guide for a course of reading, because made up of items of nothing save *practical* medicine.

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#### HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

THE regular monthly meeting of the society was held at the Hahnemann Medical College, on Thursday evening, October 13th, 1881, Dr. H. Noah Martin, Vice-President, in the chair.

After reading of the minutes, Dr. H. A. Kimball was duly elected to membership.

The secretary, delegate to the State society meeting, recently held at West Chester, made a report, and, among other matters, stated that "I duly presented your resolutions respecting the erection of a suitable monument to the memory of Dr. C. Hering, but, after some discussion, it was decided to be inexpedient at the present time to inaugurate such an undertaking; that the subject was worthy of this honor, and much more, was admitted, however, on all hands."

Report accepted.

Dr. W. B. Trites reported: "The committee on the introduction of homœopathy into the Blockley Almshouse desire to report that, since your last meeting, they have been granted an interview with the hospital committee of the Board of Guardians of the Poor, and presented testimony to sustain the various statements made in the memorial sent to the committee in June. Our reception by the board was most cordial, they listened with marked respect and attention to our orator, Dr.



A. R. Thomas, and then we were informed that they needed neither petitions nor arguments to convince them of the equity of our demands; all they asked of us was the submitting of some feasible plan, by which the hospital could be divided between the two schools of medicine. This subject your committee has now under consideration."

Report accepted, and committee continued.

Dr. J. C. Guernsey made the following report: "Your delegate appointed from this society to confer with other delegates appointed from the various societies and clubs in this city, relative to the establishment of a library and reading room for the use of the homœopathic profession, would report satisfactory progress.

"At a meeting, held October 1st, 1881, there were present delegates from the County Society, the Hahnemann Club, Herring Club, Bönninghausen Club, Philadelphia Clinical Society, and the College. After a careful and earnest consideration of the project, it was decided to draft a constitution and by-laws, and to present the same for acceptance to the profession. This work is rapidly approaching completion, and ere another meeting of this society your delegate feels confident that he can report the enterprise as being firmly established.

"It is a source of encouragement to the committee of delegates that nearly every member of the profession, to whom the subject has been broached, heartily indorses the same, and promises to lend his aid in securing success."

Report accepted.

Dr. John K. Lee, *Chairman* of Bureau of Pædology, reported his associates to be Drs. H. N. Guernsey, J. C. Morgan, H. Noah Martin, and C. R. Norton.

Dr. W. H. Bigler, *Chairman* of Bureau of Ophthalmology, Otology, and Laryngology, announced that the subjects for discussion at the November meeting would be "Post-nasal Catarrh and Aural Catarrh."

Under new business Dr. R. J. McClatchey spoke of the sickness and death in the city from small-pox and diphtheria, due to bad sanitation, and thought that, as the Board of Health and Street Commissioners could not cope with our dirty streets, the Society should take some action, and along with the old-school profession, who have taken steps in that direction, move to improve the sanitary condition of Philadelphia.

Considerable discussion ensued as to how best to effect some beneficial change, and Dr. P. Dudley thought not only dirty streets should be looked after, but that laws should be enacted

to secure for every house in the city good and sufficient drainage. Finally, after vain attempts by Dr. Mohr to have the whole matter referred to the standing committee on prevailing diseases, Drs. J. C. Morgan, W. H. Bigler, and George Hosfeld were appointed a committee to take the whole matter into consideration.

The following physicians applied for membership, viz.: Drs. Frank E. Caldwell, William B. Van Lennep, and Francis O. Gross. Referred.

The Bureau of Surgery and Clinical Surgery then presented its report, Dr. W. B. Trites, as *chairman*, submitting a paper, entitled "A Year's Progress in Surgery." Dr. W. C. Goodno read two papers: *a*. "A Method of Treating Partially Unsuccessful Operations for Cleft Palate;" *b*. "A Form of Cellulitis of the Hand;" and Dr. M. Macfarlan read a paper on "Homœopathic Medication in Surgical Cases."

The papers were accepted and discussed.

Dr. Charles M. Thomas was appointed Chairman of the Bureau of Surgery and Clinical Surgery for the ensuing year. Adjourned.

#### THE I. H. A. DISCUSSION REOPENED—LETTER FROM DR. C. PEARSON.

OFFICE OF C. PEARSON, M.D. (HAHNEMANNIAN),

608 TWELFTH STREET, N. W.,

WASHINGTON, D. C., October 17th, 1881.

EDITORS HAHNEMANNIAN MONTHLY: Having been in Europe almost ever since the meeting of the Institute in June last, I had no knowledge, until since my return, of the discussion going on in your columns, in which I was made to play a conspicuous part, and although in your last number you intimate that the case is closed and the jury gone out, I trust you will not refuse me the opportunity to "rise and explain," particularly as Dr. Gilchrist, as well as yourself, seems to think there is a matter of veracity between me and my friend Pomeroy that should be settled. In your July number you say: "We have been authoritatively informed that Dr. C. Pearson, of Washington, D. C., introduced a resolution declaring the purpose of the I. H. A. to retain no member found guilty of practicing or teaching the alternation of remedies, and that the resolution *was emphatically negatived*."

Now it occurs to me that any one who did not know where the meetings of the I. H. A. were held, "somewhere about the

hotel," would not be very reliable authority as to what transpired there. In the August number Dr. Pomeroy denies that I introduced any such resolution, and you reply: "Our information came by such a short and direct and reliable route from Dr. Pearson himself, that we do not think it wise to withdraw our statement until we learn whether Dr. Pomeroy may not himself be mistaken!" But in concluding your remarks you "tack sail" or "bout ship,"—and as you seem to be something of an "old salt," you will comprehend this nautical language,—and say: "Since the above was in type, we have received information" (direct, of course) "that the resolution offered by Dr. Pearson, as above alluded to, related to a system of espionage on the part of the members of the I. H. A., and that this feature of the proposition was objectionable to the Association." Now, the fact is, the resolution about which, on your part, so much ink has been wasted, had no more reference to the alternation of remedies than it had to anything else taught by Hahnemann; neither had it anything directly to do with "espionage on the part of the members." I have not now a copy of this resolution in my possession, but distinctly remember its import, and will give it as nearly in the original words as possible:

*Resolved*, That, whereas the charge is frequently made by our opponents that members of this Association are in the habit of violating their declaration of principles in practice, any one making such charge be requested to send the name of any such member to the secretary of this Association, whose duty it shall be to notify said member of such charge, and to request him to make an explanation in regard to the same, and upon his refusal or inability to do so to the satisfaction of the Association, the secretary be hereby authorized to erase the name of such member from the list of membership."

This resolution, which you say was so "emphatically negatived," was voted down by a majority of *two only*, a number of members not voting, and this action of the Association was not owing to the fact that any of the members feared any such investigation, but because they did not regard these charges of our opponents as being worthy of notice, and since I find how easy it is for these charges to be manufactured, I think perhaps this action of the majority was the best.

My sole object in offering such a resolution was to silence, if possible, the constant charge of "mongrelism" against the members of the I. H. A. by members of the American Institute of Homœopathy. I was told by one of these, only the day before I offered this resolution, that we had as great mongrels in our Association as were in the American Institute. I felt at the time, and still confidently feel, this to be untrue,



and offered the resolution as an invitation to him and all others to give the names of any such members, and make their charges good, or forever after to remain silent. This is all there is to this resolution business. You accuse us of making the charge against members of the American Institute of using "non-homœopathic measures," and of "failing to fix the charge upon the guilty." Why, sir, we did not suppose that any sane man would deny it. Let the American Institute adopt such a resolution as the one I proposed, and in less than a month the secretary would be flooded with names enough to wellnigh break up the Institute. But I do not propose to follow you in your uncalled-for attack on the Internationals, though there is one point you make in the September number of the *HAHNEMANNIAN MONTHLY* to which I wish to reply. You say: "Strongly as he (Hahnemann) advocated attenuation, he nowhere in the *Organon* lays down the proposition that without dynamization there can be no homœopathy. . . . These things being so, it follows that the International doctrine that homœopathy consists in several principles, taken not singly but collectively, one of which is 'the minimum dose of the *dynamized* drug,' is not only schismatic, it is also untrue and un-Hahnemannian." And you say, "if time and space permitted," you "might go on to show this." I am really sorry you were so pressed for time, though I am aware it would require a good deal, for it is a great undertaking; still I would be glad to see the proof; but as an evidence that you are mistaken, I refer you to the following from the *Lesser Writings*, page 630:

"The spiritual power of the medicine does not accomplish its object by means of quantity, but by potentiality and quality (dynamic fitness; homœopathy)."

Now if dynamism and homœopathy are here not regarded as synonymous I am at a loss to comprehend a plain statement; and besides, if the "law" is the *summum bonum* of homœopathy and Hahnemann did not discover this (and it is well known he did not), it becomes interesting to know what he really did do that you should fly his name at the head of your columns. And I will say further, that it is beyond the power of any man to show, in anything he ever wrote subsequent to the year 1835, or after he had fairly tested his theories by years of application, one sentence that controverts a single proposition or resolution adopted as their platform by the Internationals at Milwaukee. And while I am about it I will also state that a great deal has been said in the journals

in regard to the authorship of these resolutions. Dr. Berridge and Dr. Lippe have been assailed and denounced as being the originators of the project to organize such an association, and while these gentlemen do not regard it as any disgrace or slander to be thus charged, I beg leave to state that every one of these resolutions was written by me in my office, weeks before the Milwaukee meeting, or before I knew that Dr. Berridge would be there. It is true they were referred to a committee of which Dr. Berridge was one, and they were somewhat condensed, but not materially changed. And now that I have made this public *confession*, I am desirous to know what you are going to do about it. Turn me out of the American Institute if you will, and then talk about "schism."

But a word with Dr. Gilchrist; his attempt to be funny, and to make it appear that the Internationals are the "mongrels," is too silly to require attention. To whom he refers as having written him letters as long ago as 1877 I do not know. I may possibly have done so, for at that time I regarded him as a homœopathist. To whom again he refers as having his patients, on his change of residence, drift into allopathic hands is immaterial, but it illustrates a fact with which I am very familiar. On leaving my former field of practice, scores of my patients, after trying my successor, drifted into allopathic hands, from the fact that he was a half-breed and they found so little difference between the two. One gentleman who had twice been elected governor of the State, recently told me he had never had a homœopathic physician in his house since I left, saying at the same time that he was homœopathic, and always expected to be when he could get it "pure," but if he could not he would take the old school straight rather than have a mixture. And to this argument I had no reply to make, only to say I did not blame him; and this is the great obstacle in the way of the spread and permanent establishment of homœopathy. It was owing to the practice of Hahnemannian homœopathy by the pioneers of our cause that gave it the reputation it gained in the treatment of cholera and other diseases, thirty-five years ago, Dr. Dake to the contrary, notwithstanding. Dr. Dake recently made the same statement in reference to this matter in London that he has so often made in this country, namely, that homœopathy gained its reputation by the use of the low potencies. This, some two years ago, I proved by a living witness, Dr. Benjamin Ehrman, of Cincinnati, to not be the case, and Dr. Dake had or might have had the means of knowing this, for his own preceptor, Dr.

Reichelm, in 1849 and 1850, successfully treated the cholera with the 30th of Cup. met. and Verat. alb. He kept packages of powders of these remedies done up in his office in case of an emergency, and when I asked him if he relied on these medicines at the 30th in cholera (for at that time I had as little faith in high potencies as Dr. Dake has now), he replied, "Certainly; I never give them below." And no man since has better success in the treatment of this or any other disease than had these old veterans, and none ever will have, unless they rely, as they did, on legitimate homœopathy as taught and practiced by Samuel Hahnemann.

C. PEARSON.

NOTE BY THE GENERAL EDITOR.—Under the circumstances mentioned by Dr. Pearson in the beginning of the above letter, it would have been grossly discourteous and unjust not to reopen the discussion on the "International" subject, to allow him a hearing. Moreover, our readers will be glad to learn the exact truth, as our correspondent gives it, respecting the resolutions which formed the basis of much of the discussion.

We often wish that controversialists would be a little more careful, and state the position of their opponents a little more accurately. The great majority of them, we sometimes think, might improve in this respect. For instance, Dr. Pearson alludes to us as seeming to think there is a question of veracity between himself and Dr. Pomeroy, whereas a little more care in reading the discussion would have saved him from no less than two errors in that one statement:

*First.* The question of difference was not between Drs. Pearson and Pomeroy, but between ourselves and Dr. Pomeroy.

*Secondly.* It was not a question of veracity at all, but only a question as to whether one of us had not been misinformed, and if so, which one. Until that question was decided, we were unwilling to withdraw our statement that a certain resolution had been offered and negatived; and now Dr. Pearson's letter fully justifies our precaution. The resolution *was* offered, as we stated, though it seems it was not very "*emphatically* negatived."

Dr. Pearson did not think that one who did not know exactly where the International meetings were held could be very reliable authority upon what had occurred in the meetings. No more do we. But our authority was no such person. We received our intelligence through one whose "Hahnemannian" proclivities no one who knows him will doubt, and he



obtained *his* information from one *who perhaps had more to do with the resolution than anybody else*, namely, Dr. Pearson himself. Was not that pretty straight and pretty reliable? We hold ourselves ready to trust that sort of authority at any time. And again, Dr. Pearson's letter justifies our credulity. It shows that the information, as we received it and published it, was not false in any one particular.

We must correct our correspondent on another point, viz.: We did *not* "tack sail" nor "bout ship" when we printed our later information that the "resolution related to a system of espionage," etc. We were keeping directly "on our course," giving our readers the best information we could obtain on the subject, whether it supported our own side of the discussion or not. That particular piece of information came direct from one of the most prominent and well-known members of the I. H. A., a gentleman who *did* know where the meetings were held, and was in attendance thereon. His letter conveying the information is lying before us as we write. *He* says the resolution related to a "system of espionage," etc. Dr. Pearson says it did not. That question these two Internationals will have to discuss between themselves, and we do not care a button which way they decide it; the ship sails right on.

Our challenge for a single passage from the *Organon* to show that Hahnemann considered the International dynamization theory an essential part of homœopathy is taken up by Dr. Pearson where Dr. Pomeroy laid it down. In support of that proposition, to which we made such sweeping denial, he quotes from the *Lesser Writings* (which, by the way, is not the *Organon*, but no matter) as follows: "The spiritual power of the medicine does not accomplish its object by means of quantity, but by potentiality and quality (dynamic fitness; homœopathy)." Our correspondent thinks that "dynamism (does he mean dynamization?) and homœopathy are here regarded as synonymous terms." Poor Hahnemann! Was ever medical writer so persistently misinterpreted as he? How *could* the doctor misapprehend the meaning of so lucid and forceful a statement? Let him look at it again. "Dynamic," *i. e.*, "potential;" "fitness," *i. e.*, "quality;" = two elements (how many there are who imagine only one!) necessary to enable "the medicine" to "accomplish its object." These two elements are quality and force. A medicine cannot "accomplish its object" by its quality alone without force, any more than by its force alone without quality. But why enter into an ex-

position of the passage? Surely, it is plain enough! The word dynamic as here used is very far from being synonymous with "dynamization." "The master," like all physicians of all schools to-day, recognized the *power* of a drug as something distinct from its quantity or its quality *per se*. Every drug possesses physiological force. This force Hahnemann regarded as analogous to the "spirit-like dynamis (vital force) animating our body." See *Organon*, sections 15 and 16, and read both sections carefully; but, lest some one should fail to do so, we insert a passage from section 16: "Neither can the physician free the vital force from any of these morbid disturbances, *i. e.*, diseases, except likewise by spirit-like (dynamic, virtual) alterative powers of the appropriate remedies acting upon our spirit-like vital force," etc.

Now let the reader turn back, read Dr. Pearson's quotation once more, and see how quickly all doubts as to its exact meaning will vanish.

The real scientific fact is that no one ever yet "dynamized" any drug, except the Lord who created it, and no one else ever will. The "dynamis" is *inherent* to the drug. Subdivision of its mass allows the dynamis to come into active relation with the living organism, and thus increases the physiological effects of the drug. But it adds nothing whatever to its innate force; neither does it change its quality. Any other view of attenuation is absurd, untenable, un-Hahnemannian, and directly opposed to the views of the great body of homœopathic physicians. Hence, the doctrine that a true homœopathist is necessarily a dynamizationist in the *International* sense, is schismatic.

And now, in finally closing the discussion on the subject of the I. H. A., we do not wish to be understood as intending to exclude papers on any other subject touched upon during its progress. We should be very glad, however, if our contributors who attempt to enlighten us on any of these matters, would kindly avoid reference to this discussion so far as may be possible.

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CONVALLARIA MAJALIS is recommended by Dr. Troitsky, of St. Petersburg, as an efficient remedy in heart disease in any form, but especially in mitral insufficiency. In persons suffering with this difficulty, unable to take bodily exercise without palpitation and dyspnœa, excessively irritable in temper, and peevish, a tablespoonful of infusion of the flowers (ten grains to six ounces of water), twice daily, soothes the organism and relieves the dyspnœa.

THE  
H A H N E M A N N I A N  
MONTHLY.

A HOMŒOPATHIC JOURNAL OF  
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*Editors,*

E. A. FARRINGTON, M.D.      PEMBERTON DUDLEY, M.D.


*Business Manager,*

BUSHROD W. JAMES, M.D.

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 The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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Editorial.

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THE TESTIMONY OF THE INEXPERTS.—Some time last year we took occasion to remark in an editorial, that all expert testimony in reference to homœopathy is in its favor, and that all those who testify against its scientific truth are unacquainted with its principles. Although some may think this an overstatement, yet recent events fully warrant its reiteration, and it seems reasonable to suppose that of the hundreds of thousands of allopathic physicians in the world who deny the truth of homœopathy, there is absolutely not a single one who could successfully pass an ordinary graduation examination in the Institutes of Homœopathy. The recent attempt of Professor Smythe to tell his allopathic readers what homœopathy is, betrays an ignorance of his subject far more pronounced than even his partisanship. The address of Dr. Bristowe before the British Medical Association, liberal and sensible as it may have been in some respects, shows that the speaker's information respecting homœopathy was crude, superficial, and, in many important particulars, erroneous.



Quite recently we have had still another exhibition of the utter incapacity of even our best allopathic writers to deal with the subject of homœopathy intelligently. While, as just said, there are none who understand its principles reasonably well, still it seemed fair to presume that there are those who are more or less thoroughly acquainted with its central doctrine, *similia similibus curantur*. Such, at any rate, has been our own private belief, but we are free to confess that this opinion of ours respecting our allopathic brethren has been rudely shaken. If we had been asked to mention the one allopathic physician of America who has probably a better knowledge of homœopathy than most or all of his fellows, we should doubtless have named the distinguished editor of the Philadelphia *Medical Times*. From the beginning of his professional career he has been emphatically a student of MEDICINE, and not a mere curiosity-hunter in the realm of pathology. He has been engaged in original researches in the physiological action of drugs, in comparisons of drug with drug, and of drug effects with disease effects; but more than all, his writings contain so many and such striking evidences of the operation of the homœopathic law, that more than one of his allopathic readers has been converted to homœopathy through their teachings. Hence it was to be presumed that he had long ago been literally forced to learn for himself just what the principle of similars is, how it can be applied, and how narrow or far-reaching is its domain. But a perusal of his editorial entitled "Consultations with Homœopaths" (see Philadelphia *Medical Times* of October 8th) effectually dispels any such illusion. We quote:

"The dogma of the similars is the homœopathic treasure of to-day. Either it is a law of nature, or it is not a law. If it be a law, it can have no exceptions, precisely as the law of gravity has no exceptions. The modern race of homœopaths use Aconite in fever, or employ other remedies in ways and for purposes entirely contrary to the great last (*sic*) doctrine of Hahnemann, *similia similibus curantur*. The truth is that it is no longer possible for a man of any intelligence, if educated, to believe in homœopathy any more than it is possible for him to believe in allopathy. They are both exploded dogmas, easy to be recognized by all men as half truths mistaken for whole truths.

"Mustard may cause vomiting; when the vomiting already exists it sometimes cures it, but sometimes makes it worse. Every old woman knows that a tumbler of warm water will sometimes provoke the sick stomach into further action, sometimes 'settle it.' When vomiting is from irritation, a sedative allays it; when from excessive depression, the sedative makes it worse; whilst the irritant causes it to cease.

"We repeat, both homœopathy and allopathy are most dangerous errors."

In other words, if mustard will not relieve every case of vomiting, homœopathy is not a law, because "a law can have no exceptions." It is a wonder he does not deny that gravitation is a law, because sometimes a balloon goes up, and sometimes it comes down, and "a law can have no exceptions." We will not attempt to refute so brilliant an argument; it is "too many for us." Indeed, since reading it, we don't feel very well. Perhaps a little mustard might relieve, allopathically of course, as it seems to be a case of "excessive depression."

Seriously, the *Times's* conception of homœopathy is about such as we might expect from a first-course medical student. No! On second thought, we take that back, and beg the student's pardon. No person of ordinary intelligence who has given three hours of conscientious study to the law of similars as it is expounded by Hahnemann in his *Organon*, could ever express so woful a lack of knowledge in so brief a paragraph. Above all, he could by no possibility so misconstrue the principles of homœopathy as to cite against it the facts which so strongly testify to its truth.

Considering how completely the allopathic profession is under the influence of these "blind leaders of the blind,"—these teachers who "darken counsel by words without knowledge,"—is it not amazing that the light of homœopathy has penetrated so many allopathic minds as it has? And how little hope there would be, that the present or next generation of physicians would ever know much about scientific therapeutics, were it not for the efforts being made to train men in this knowledge ere allopathic prejudices have incapacitated them to receive it!

Our profession may draw a practical lesson from these reflections. The progress of homœopathy amongst allopathic physicians must continue to depend largely upon the moulding influence of public sentiment. The key to the allopathic fortress is public enlightenment and experience in homœopathy. We must secure the best of talent among the young men and young women of our country, train them thoroughly and comprehensively in medical science, and send them out to occupy all the vacant fields until the whole people is educated in our principles, and shown the benefits of our practice. We must deal directly with the public, and leave allopathy to follow in the wake of medical progress, or to fall by the wayside and perish.

THE BROOKLYN MATERNITY.—A correspondent, referring to our editorial “In Woman’s Defence,” requests us to make some corrections, for our statements are, he considers “unjust.”

We presume the injustice consists in sentences like the following: “But the wretched outcast, whose one mistake has cost her all except her worthless life itself, finds none to help.” With his letter, our correspondent forwarded us the tenth annual report of the “Brooklyn Maternity.” The “motto” of this institution is: “To aid the friendless, to save the fallen, to lovingly care for the little ones left floating on life’s tide, subject to all its tossings and adverse currents; to train women, brave and strong, tender and true, to go into our homes and minister at our bedsides with intelligent care, and thoughtfulness,—this is the work of the ‘Maternity,’ and this, with God’s help, we are trying to do.”

From this we learn that we were unjust to the “Maternity” in not mentioning her usefulness in woman’s defence. We are much obliged to our informant for acquainting us with facts, of which we were ignorant when penning our editorial. And we willingly accord the “Maternity” all due honors in her endeavor to help fallen women.

There may be other institutions in which this noble use is being carried out; but we are certain that they are too few to be at all adequate to the demands. And, therefore, we reassert our charge against society, and also against our government, that they are shamefully cold and heartless in not providing lying-in hospitals, into which eneeinte women may be admitted, whether married or *unmarried*.

THE TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION are already issued in the form of a substantial volume of three hundred octavo pages. Every American homœopathist will need a copy for the sake of the vast amount of instructive and interesting matter contained in it, and of course every member of the American Institute will feel the absolute necessity of procuring the work as the companion to the volumes issued by the Convention of 1876. It can be obtained by addressing the printer, J. E. Adlard, Bartholomew Close, London, England, and inclosing the price, sixteen shillings.



## Notes and Comments.

WANTED, for the use of students and physicians, an exposition of Hahnemann's *Organon*, written, not to exhibit the expositor's opinions, but to render the author's meaning so plain that fewer of us can possibly misunderstand it.

CONSULTATIONS.—In the number of participants in a medical or surgical consultation the limit of safety is soon reached. There seems rarely use for more than two, and probably never more than three, except to insure disagreement or to sign official bulletins. In the multitude of (medical) counsellors there is spoiled broth.

THE QUEEN AND MEDICAL WOMEN.—A paragraph originating in an English newspaper has obtained circulation through some American journals to the effect that Her Majesty threatened to withdraw her donation and patronage from the International Medical Congress if medical women were admitted as members of it. We believe that Sir William Jenner entirely denied the truth of the assertion.—*Monthly Homœopathic Review*.

RIP VAN WINKLE AROUSED.—On Wednesday, October 19th, 1881,—memorable day,—the Philadelphia County Allopathic Medical Society, startled by the thunderous cannonade at Yorktown, aroused itself from its coma, rubbed open its sleepy eyelids, looked around in dumfounded amazement, and—voted to admit women to its membership on the same conditions as men. It is ten years and four months since the American Institute of Homœopathy, sitting in Philadelphia, set the wise example which her local allopathic sister has been so slow to follow. But in some other respects allopathy is more than thrice ten years behind the age. Still, she does move. Dragged at the tail-end of human progress, how can she help it?

THE LAST DITCH.—Few things can more aptly illustrate the direful straits to which allopathy is being driven, than the incessant efforts put forth by prominent journals of that school to delude their readers into the notion that homœopathy is dying. Of course it is hard for any well-informed physician to suppose that the editors of these journals can believe such stuff, even while they are writing it. The most recent exhibition of the kind is furnished by the Philadelphia *Medical Times* of October 8th, in which it is stated, with all apparent sincerity, that "there can be no doubt that homœopathic belief is dying. Even homœopathic practitioners are growing proportionately fewer in the world," etc. We cannot waste our space in an attempt to convince that journal what it already knows, viz., that in every civilized country on the globe homœopathic belief and practice are steadily on the increase, except in those places where the repressive power of law is invoked to prevent its natural and legitimate growth. In order to put the *Times* to a test, however, we dare it either to publish without comment, or else to deny pointblank, the truth of the following statement, and in the latter event to open its columns to us for such proof as we may be able to furnish. The statement is as follows: "In 1861 the city of Philadelphia contained about 90 practitioners of homœopathy, or, in round figures, one to about 6000 of her population. In 1881 she contains about 290, or one to about 3000 of her population,—a clear gain of 100 per cent. in twenty years."

## New Publications.

TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION, held in London, July, 1881. London: Printed by J. E. Adlard, Bartholomew Close, 1881. Octavo, pp. xii, 286.

The prompt issue of the papers, proceedings, etc., of the second general convention of homœopathic physicians is a subject for congratulation, and also for thanks. It is conceded by all who are acquainted with the history of the Convention that its success was largely and chiefly due to the wise management and tireless labor of its President, Dr. Richard Hughes, and now we receive through the editorship of the same able and willing hands, the published volume of the Convention's work and history. There have been, however, other workers,—a host of them,—each in his own department contributing to the grand result, and an examination of the reports, essays, discussions, etc., shows that almost without exception each has performed his work conscientiously, and with an evident desire to aid in securing the objects for which the Convention was called.

The work is not paged continuously; we wish it had been; but the "exigencies of printing" required that it be paged in sections. We do not know what those exigencies were, but the fact that Dr. Hughes did not overcome them is sufficient evidence, to us at any rate, that the method adopted was the best under the circumstances. The sections are arranged as follows: *First.* Minutes of the meetings. *Second.* Address of the President. *Third.* Reports on the history of homœopathy, 1876-1880, and its present state in the several countries of the world. *Fourth.* Essays and communications.

It is scarcely within the province of the reviewer to act as umpire upon questions of doctrine. Particularly is this true in its application to works like the one under consideration. This volume is in fact the joint production of a large body of educated, thoughtful, practical men, representatives of a learned profession, meeting to interchange opinions and observations on subjects known to be obscure and surrounded with more or less uncertainty. The questions arising before such a gathering of men can be well discussed, if at all, only by those whose reaching out for knowledge has suggested them. If they have been unable to determine them unanimously, it is scarcely probable that their solution will be arrived at until more experimental knowledge shall be first obtained.

We have rarely read a discussion had in a medical convention with anything like the interest with which we perused the "minutes" contained in this volume. It seems that almost every member who took part in the discussion had quite pronounced views upon the subjects under consideration, that these views were based upon experience and individual research and not upon mere book-learning, that their expression was characterized by an evident deference to the opinions of others, and that the whole object and aim of the participants was to advance the honor of homœopathy and enhance the success and influence of all its practitioners. This may seem like fulsome commendation, but if any one will read the discussions carefully he will be impressed very much as we have been.

The President's address has already been presented in part in our pages, and our readers are aware of the high ground the speaker assumed in reference to the practice and the development of homœopathy. As to the essays presented, it will be said by some that they are altogether too one-sided. Who is to blame for this will appear from the following passage in the President's address :

"The fact is that there are (as I endeavored to show in 1877) two homœopathies. Both owe their origin to Hahnemann, but they belong to different stages of his career. The first homœopathy dates from 1796-1811; it is that of the Hahnemann of *The Medicine of Experience* and the *Fragmenta de Viribus*, of the first edition of the *Organon*, and the first volume of the *Materia Medica Pura*. All the speculations of later times, physiological, pathological, and pharmacological,—the vital force, the psoric origin of chronic disease, the dynamization of medicines,—all these are conspicuous by their absence, and attenuation is rarely (save in the case of such poisons as Arsenic or Nux vomica) carried beyond the third degree. No one can challenge us if we take Hahnemann for our master at this stage of his history, and decline for the present to follow him farther. It would merely be as though we were disciples of Swedenborg or Comte as long as they remained philosophers, but knew them no longer when they became hierophants of a new religion. When I first spoke of the two homœopathies, it was mainly to urge upon my colleagues that the later thoughts of Hahnemann—the Hahnemann, at any rate, of 1812-1828—were worthy of attention, and I would do so again on fit occasion. The time now being calls for the occupation of the less debatable ground, and to this I have invited accordingly. I do so in consonance with every writer who has contributed to the *Transactions* of this Convention. *Men of the other group among us have been incited to express their minds, but have declined the task.* When the volume we shall issue comes to be read, it will be found wholly and powerfully representative of the homœopathy of Hahnemann's original conception, the homœopathy which reason can approve at every point, and which accords with every scientific advance."

It will thus be seen that the absence from the volume of all papers of a certain specific character is no fault of the officers of the Convention, and that however much we may regret the fact we cannot hold them responsible.

The history of homœopathy in nearly all countries exhibits flattering progress. There are exceptions, however, to this, viz., in Germany, France, and Italy, in which countries our system appears to be at a standstill.

We have not at our disposal a tithe of the space sufficient to convey to our readers any sort of conception of the thoughts and observations of the essayists. Some of these papers will interest one class of readers, and some another. Several of them will excite sharp criticism. Among these we may name "Thoughts on the Scientific Application of the Principles of Homœopathy in Practice," by Dr. Hayle; "On the Alternation of Medicines," by Drs. Martiny and Bernard; "Drug Attenuation," by Dr. J. P. Dake; "A Plea for a Standard Limit of Attenuated Doses," by Dr. C. Wesselhoft; "The



Question of the Dose ; Hahnemannism and Homœopathy," by Dr. Cretin. All these subjects are treated logically and forcibly, and their influence upon those who are fortunate enough to read them will be deep and probably lasting. The papers relating to gynæcology, ophthalmology, and otology exhibit without exception the care and painstaking of the thoroughly trained and conscientious specialist who believes in homœopathy as well as in surgery. These papers will be of great value to the general practitioner, and will add not inconsiderably to the general knowledge of these departments.

If any homœopathic physician desires to secure for winter evening reading the book that will bring him the largest amount of real, solid instruction and enjoyment, let him send sixteen shillings to J. E. Adlard, Bartholomew Close, London, England, for a copy of the *Transactions of the International Homœopathic Convention of 1881*.

D.

INDIGESTION, BILIOUSNESS, AND GOUT, IN ITS PROTEAN ASPECTS. Part I. "Indigestion and Biliousness," by J. Milner Fothergill, M.D., Member of the Royal College of Physicians of London, Senior Assistant Physician to the City of London Hospital for Diseases of the Chest (Victoria Park); etc. New York: William Wood & Co., 1881. 12mo., pp. 320.

This is a most readable book,—one that we can recommend to those who wish to refresh their memory upon the physiology and pathology of the digestive apparatus. The physiology of the stomach and intestine is first given, together with remarks on food selection, a chapter on tissue nutrition, and another on primary indigestion. Next, the author treats of secondary indigestion,—neurosal, reflex, cardiac, toxæmic,—and then of indigestion as an intercurrent affection. The physiology and functional disorders of the liver with treatment follow next in order, and the book closes with a chapter on "The Failure of the Digestive Organs at the Present Time," in which the deterioration of the physique of civilized people, especially in cities, is portrayed with graphic power, and some of its more potent causes explained. It is just the book for a doctor to buy and read, and present to a thoughtful lay friend. And there is not very much in it to hurt seriously the feelings of a homœopathist.

D.

ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS, by H. M. Lyman, A.M., M.D. September Volume of Wood's Library, 1881.

The administration of anæsthetics has become a necessary part of the work of the general practitioner as well as of the surgeon, and any book which sets forth the effects, varieties, and employment of anæsthetics should be welcomed by all.

Dr. Lyman lays no claim to originality. His book claims to be an endeavor "to distil all the excellences of the writers who have investigated the subject of artificial anæsthesia." The contents include the history of anæsthesia, its phenomena, physiology, accidents and their treatment. Also,

the medico-legal relations of anæsthesia, and, finally, a long list of anæsthetics, with their respective history and action.

There are one or two points in the physiology and action of anæsthetics which we are disposed to dispute. But they do not impair the book. They only illustrate differences of opinion.

Each department is fully treated, rendering the whole a desirable, if not indispensable work. F.

## Gleanings.

VACCINATION, to be successful, must be made with the virus from a cow which has been inoculated from the horse. All other methods of cow-inoculation, including those now in common use, are imperfect or wholly useless for the purposes intended. Jenner never employed any other matter than that derived from equo-vaccine virus.

The preventive power of vaccination is assured only if the resulting pustule is "flat and depressed in the centre," and on the eighth or ninth day is surrounded with an inflammatory redness, a sign that the organism is infected. If the pustule, three or four days after vaccination, begins to rise and becomes full and convex, or if it is very diminutive, it is unreliable. Jenner employed Tartar emetic in variola, knowing that this salt is capable of producing an eruption closely resembling small-pox. Many German and other physicians consider it, even in minute doses, as a safe preventive. Jenner, further, never vaccinated a child younger than six months; for he determined that the pustule on and after that age was larger, its virus more active, and the resulting poek-mark deeper.—Mr. Hands; see *Hæmorrhagic World*, October, 1881.

JARVIS'S OPERATION IN HYPERTROPHIC NASAL CATARRH.—In the *New York Medical Record* of October 29th, Dr. Seiler, of Philadelphia, reports three cases of nasal catarrh with hypertrophy, successfully treated with Jarvis's éraseur, his object in reporting them being to point out certain minor details of the operation which seem essential to success.

In Case I the nasal speculum showed the left nostril clear, while in the right there was an anterior hypertrophy springing from the lower turbinated bone. The rhinoscopic mirror showed two large purplish growths entirely filling up the posterior orifices of the nostrils, and thus giving rise to the stenosis. The writer then continues: "I at once introduced Jarvis's éraseur through the left nostril, and, by directing the motions of the loop of the instrument as seen in the rhinoscopic mirror held in the left hand, succeeded at the first trial in engaging the growth and slipping the wire over its pedicle. I then gradually tightened the screw at short intervals, always stopping when the patient winced. In the course of three-quarters of an hour I found that I had come to the end of the screw-thread of the instrument, and yet the growth had not been cut through by the wire. This was caused by my having made the loop too large before snaring the growth, and I was obliged to untwist the ends of the wire and shorten it before it was possible to proceed with the operation. Having thus shortened the loop, I again gave a turn to the milled head every few minutes until, having consumed more than two hours, patience ceased to be a virtue, and at the risk of hæmorrhage I withdrew the instrument, dragging with it the growth, which was then about the size of a small cherry. On examining the instrument I found that the growth had been long severed from its connection with the

nasal mucous membrane, and the loop had been drawn into the canula of the instrument fully half an inch, dragging with it a shred of tissue. This explained the fact that I had not felt a diminution in the tension of the wire as soon as the growth had been cut loose."

In Case II "a rhinoscopic examination was very difficult to make, on account of an inability on the part of the patient to keep the velum relaxed. I obtained, however, a sufficiently extended view of the posterior nares to see some whitish growths partly filling up the posterior orifices of the nares, and hanging from the middle turbinated bones by a short pedicle. The anterior nares were clear of obstructions in the shape of hypertrophied mucous membrane. Having prepared the snare, taking care to determine the size of the loop, I introduced the instrument into the nostril, and the rhinoscopic mirror into the fauces, but was unable to obtain a view of the wire loop in the post-nasal cavity. I therefore trusted to my knowledge of the position of the growth, and endeavored to engage it in the snare. After many fruitless efforts to catch it, I had to desist on account of faintness overcoming the patient, due probably to the irritation of the mucous membrane produced by the frequent introduction of the instrument. The next day I introduced a Eustachian catheter into the nares, through which was passed a piece of violin string until its end appeared below the margin of the soft palate, where it was seized with a pair of forceps and drawn out through the mouth. The catheter was then withdrawn, the other end of the string projecting several inches from the nostril, and both ends were secured by passing over the patient's ear, having previously drawn the velum away from the wall of the pharynx without making undue traction. The presence of the catgut being well borne, I was enabled to obtain a good view of the posterior nares and engage the hypertrophy at the first introduction of the snare. Both hypertrophies were removed on successive days, each operation occupying about an hour. There was no pain or hæmorrhage, and the patient, under appropriate after-treatment, rapidly regained her former good health. (Since then I have obtained, through the kindness of my friend, Dr. W. C. Jarvis, his combined tongue-depressor and rhinoscopic mirror, and his 'tape-holders' described by him in a paper read before the American Laryngological Association, session of 1880, and I find that the procedure of securing the soft palate and the practice of watching and directing the movements of the snare in the posterior nares are greatly facilitated.)"

"Case III, . . . the anterior nares almost completely obstructed by anterior hypertrophies, springing from the lower turbinated bones and touching the septum. A rhinoscopic examination showed a large posterior hypertrophy projecting from the upper turbinated bone on the right side into the post-nasal cavity. I decided to remove the posterior hypertrophy first, but on introducing the snare I had some difficulty in engaging the growth, on account of the great irritability of the nasal mucous membrane causing the patient to sneeze at the slightest touch. Finally, however, I succeeded and began to tighten with the milled nut, when the patient informed me that he would have to leave my office within three-quarters of an hour in order to make a train, he living out of town. Desirous of saving him the annoyance of missing the train, and having to spend the night in town, I hurried the operation rather more rapidly than I would otherwise have done. In consequence the growth was severed from its connection within thirty minutes, but a copious hæmorrhage followed, which could not be stopped by the application of styptics, and I had to plug the nares. This hæmorrhage no doubt was due to the fact that in cutting through the pedicle of the hypertrophy, sufficient time had not been allowed for the vessels to become occluded by agglutination of their walls."

"All the cases examined by me invariably presented a constriction at their base resembling a short pedicle, thus forming a groove into which the wire loop of the snare readily slips and is retained. The surface of this



form of hypertrophy is more or less corrugated, resembling that of a hob-nail liver, and their color is either a yellowish-white or a purplish-red, the former being tougher and of a more fibrous nature than the latter, which are more liable to bleed on slight provocation."

## News, Etc.

PROFESSOR SCHLEIDEN, the distinguished vegetable physiologist, is dead.

CHICAGO graduates, sent out last spring, numbered about twelve hundred. As to the quality of the issue we cannot speak.

"THE MEDICAL COUNSELOR," on October 5th, commenced the publication of its sixth volume, and will hereafter appear as a weekly instead of a monthly issue. We are glad to see in this change what may be regarded as evidence of a prosperity which is certainly well deserved.

THE Chicago Homœopathic College dedicated its new college building on October 5th. It is a commodious structure, and includes within its walls accommodations for the college dispensary. It will add largely to the reputation of our school in the West. For a cut of the building see advertisement on another page.

FIRE AT WARD'S ISLAND HOSPITAL.—A fire recently broke out in a two-story building attached to the Homœopathic Hospital on Ward's Island, New York city. The structure was used as a kitchen and laundry. The patients in the hospital, numbering about six hundred, were successfully removed from the scene of danger until the flames were subdued. The main hospital building escaped damage.

JOHN BUCHANAN, M.D.—This widely known individual completed his term of imprisonment in the State penitentiary a few weeks ago. Immediately upon his release from State custody the county of Philadelphia took him in charge, and the court sentenced him to an additional ten months' imprisonment on charges to which he had pleaded guilty previous to his incarceration in the penitentiary. His term will expire just in good time for the "session of 1882-'83."

DR. TANNER NOT DEAD.—A story has been going the rounds of the general and medical press to the effect that Dr. Tanner, of fasting distinction, had recently died in Amsterdam, Holland. Dr. Tanner himself writes to the *Medical Tribune* on the subject, denouncing the story as "an Amsterdam lie." He is engaged in the practice of medicine at Corry, Erie County, Pennsylvania.

### THE AMERICAN PUBLIC HEALTH ASSOCIATION.—

INDIANAPOLIS, IND., October 25th, 1881.

THE annual meeting of the American Public Health Association will be held at Savannah, Ga., commencing November 29th, 1881, and continuing four days. Full information regarding this meeting can be obtained by addressing the Secretary, Dr. Azel Ames, Jr., P. O. Box 1198, Boston, Mass. It is very important that there should be at this meeting a large attendance of homœopaths. This association brings together the leading sanitarians of the United States, and affords rare opportunities of gaining information regarding matters pertaining to the public health. Homœopathic

physicians who are making a special study of sanitary science should be members of this association.

It is especially desired that you should attend this meeting and present a paper on some subject relating to the public health. Inform the Secretary immediately what the title of your paper will be, and state how much of the time of the Association you would like to occupy. Notify Mr. George C. Freeman, Chairman Local Committee, Savannah, Ga., that you propose to attend the meeting, and he will obtain for you, through the Transportation Committee, the most advantageous rates from the railroads and transportation companies for passage to and from Savannah. He desires to know at once whether or not you will attend the meeting. If you conclude to go do not fail to give him your most direct route to Savannah.

You will oblige me by considering this circular letter a special appeal to you for help to make homœopathic influences felt in the American Public Health Association—an organization composed largely of allopathic sanitarians, who entertain the most bitter feelings against their fellow homœopathic members of the Association, and have not hesitated to embarrass them in every possible way. But truth is mighty, and will prevail; and the time will come when we shall have all the rights in the Association that we deserve. Will you not lend your influence to hasten that time? Please let me know immediately whether you can attend the meeting.

Fraternally,

MOSES T. RUNNELS, M.D.,

*Chairman of Delegation from Am. Inst. of Homœopathy.*

#### NECROLOGICAL—MARTINEZ.

MR. EDITOR: I herewith send you a translation of an altogether too brief necrological notice of the distinguished Spanish physician, Dr. Martinez. I have always suspected Dr. M. of being the author of the very interesting paper on the "History of Homœopathy in Spain and Its Colonies," written for the World's Homœopathic Convention of 1876, and appearing in its *Transactions*, and I have so suspected for this simple reason, viz., that, while Dr. Martinez was a high and shining light in Spanish homœopathy, his name is not even mentioned in that paper. His distinguished colleague, the late Marquis de Nunez, and himself were main factors in the advancement of homœopathy in Spain. The editor of *El Criterio Medico*, September 30th, 1881, writes as follows:

"With the profoundest sorrow, and with deeply lacerated heart, we announce to our enlightened readers the decease of our beloved and never-to-be-forgotten friend, the most excellent Señor D. Vicente Perez y Martinez, a distinguished physician, an affectionate friend, an admirer of the doctrine of *similia similibus*, President of the Superior Medical Board of the Military Sanitary Corps, and one who, by forty-three years' important services in wars and epidemics as corps surgeon, as hospital surgeon, and as Surgeon-in-Chief (*i. e.*, Surgeon-General) of the Army of the North in the last civil war [Spanish], attained the first position in his profession, and when he was going to rest from so great a service rendered to humanity, succumbed under the weight of so much labor and fatigue. Upon the tomb of the savant, the physician, and the honored man, let us shed a tear of affection, yet of consolation (in the thought) that God, in His infinite wisdom, will reward the virtues of our friend."

R. J. McCLATCHY.

OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green Streets, Philadelphia.

Send all business communications direct to our office.

# HAHNEMANNIAN MONTHLY.

Vol. III., } Philadelphia, December, 1881.  
New Series. }

No. 12.

## Original Department.

### STUDIES IN MATERIA MEDICA.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

#### ANIMAL KINGDOM.

(Continued from page 617.)

#### RADIATA; CLASS, SPONGES.

THERE are over ten thousand species of radiata, and yet but two or three are represented in our materia medica. We have provings of *Asterias*, *Physalia*, *Medusa*, *Corallium*, *Spongia*, *Badiaga*, etc. But since these low forms of life link, as it were, the animal with the other kingdoms, no doubt a more extended acquaintance with their medicinal effects would be of great value.

THE SPONGES, so far as known, exhibit similarities with animal medicines, and with the minerals which enter into their composition. Thus, *SPONGIA TOSTA* contains and is similar to IODINE, BROMINE, *Carbonate* and *Phosphate of lime*, Sulphur, Alumina, Chloride of sodium, Peroxide of iron, Magnesia, and Silica. *Badiaga* differs in the absence of the first two, salt and sulphur.

It is quite probable that these mineral substances are rendered more active by what may be termed "animalization." Hering refers to a patent medicine which gained considerable reputation; but after awhile the market supply seemed to have lost its efficacy. A wealthy nobleman, failing to be cured by it, brought suit against the proprietors. The chief ingredient of the medicine was phosphate of lime. At first it was prepared from bones, but afterwards a less expensive manufacture in the laboratory was substituted, with corresponding decrease in the power of the medicine.



Of the sponges two species have been proved. The BADIAGA, or *Spongia Fluvialis*, is an inhabitant of fresh waters; it therefore lacks, as has been mentioned, the chemical substances which belong to the sea-sponges.

The BADIAGA has long been a popular drug in Russia, from which source we derive several clinical effects. The more common variety of sponge from salt water came into common use through the doctrine of *signatura rerum*. "Old women" fancied they traced a resemblance between the sponge and the goitre, and so strapped the former about the neck as a "signature." Cures occasionally resulted, confirming the popular notion. It was not until chemistry revealed the constituents of the sponge that the real reason of its curative value became evident.

Sponges cause some nervous excitement, with disturbed circulation and palpitation of the heart; glandular inflammations, catarrh, and muscular soreness with weariness.

If it is true that Iodine does not exist in the Badiaga, it is a mistake to attribute the glandular symptoms solely to that substance, since the Badiaga has often relieved indurated glandular swellings.

SPONGIA TOSTA, however, has some symptoms which are evidently intensified by the iodine, if not wholly caused thereby. (See below,—croup, heart disease, anæmia, with tuberculosis, etc.)

BADIAGA.—Severe headache, still the mind is clear.

Frontal headache, with pain extending into the posterior portion of the eyeballs; worse moving them.

Dandruff increased.

Serofulous inflammation of the eyes, with hardening of the Meibomian glands.

Sneezing, with coryza; cough causes sneezing.

Hawks a viscid, solid lump of bloody mucus in the morning. Tonsils red, swollen, worse on swallowing, especially solids.

Severe spasmodic cough, ejecting a viscid mucus from the bronchial tubes, which at times comes flying out of the mouth; caused by a tickling in the larynx, as from sugar dissolving in the throat.

Vibrating, tremulous palpitation of the heart upon the least elating or other emotion of the mind. While lying in bed, forcible pulsations up into neck, from slightest emotion or thought.

Stitches on both sides of chest, worse from motion and touch.

Soreness and lameness, with stitches in nape of neck; stitches in posterior right side below the scapula, both worse from bending backwards.

Flesh and muscles feel sore to touch, even of the clothes; sore feeling as if beaten. Contusions. Soreness and numbness of the muscles of the leg.

Glands indurated. Cellular infiltration and hardness. Buboës. Sore cicatrices remaining after maltreated syphilitic buboës.

**Related Remedies.**—SPONGIA TOSTA, of course, bears many relations to its congener; but the headaches are associated with morose humor, and are worse from thinking thereon. The sore throat is worse from sweets.

The laryngeal symptoms compare more with Iodine, etc. (See below.) The heart symptoms are those which accompany goitre, or which indicate valvular deposit. The patient starts up from sleep as if suffocating, livid lips, bellows murmur; cough. In BADIAGA the exciting cause of palpitation is some elating thought.

The chest pains in both remedies are chiefly muscular. Only SPONGIA, thus far, has gained a reputation in tuberculosis pulmonum. It is indicated by the characteristic hard, ringing cough, and also by rush of blood to the chest, with palpitation and sudden weakness while walking; flushes of heat, which return when thinking of them.

Both drugs cause sore muscles, with weakness and numbness. This is so marked in BADIAGA that the Russians employ it in contusions. SPONGIA has also burning feeling all over, though the thighs are cold and numb, with cold neck.

The former causes fever and thirst, hot breath, etc., as from catarrhal fever; the latter, attacks of anxious heat, weeping, inconsolable mood.

In glandular affections BADIAGA has helped in serofulous and syphilitic indurations. It removes the stony hardness, acting like BARYTA, GRAPHITES, CONIUM, and *Carbo an.* SPONGIA has cured goitre, orchitis, indurated mamma, etc.

Compare BADIAGA also with Phosph., Coffea, Convallaria majalis, in heart affections.

Sneezing is a sort of nasal cough, and not uncommonly alternates with cough. It may aid in the selection of a proper drug for a cold:

Sneezing causes cough: *Senega*, *Bellad.*, *Cupr.*, *NUX.*

Sneezing causes irritation in the throat, and then comes cough: *Petrol.*, *Sep.*, *Sul.*, *Sul. ac.*

Cough followed by sneezing: *Badiaga*, *Bellad.*, *HEPAR*, *Bry.*

Sneezing and cough intermixed: *Bellad.*, *Hep.*, *Sep.*, *Sil.*, *Cina*, *Ant. tart.*, *Alumin.*, *Bry.*

In dandruff, compare *BADIAGA* with *CALC. OSTR.*, *ARS.*, *Graph.*, *PHOS.*, *Staphis.*, etc.

The first has white and yellow scales, scalp sensitive; hair comes out on one side; scalp feels cold. The second, *ARSENIC*, causes branlike scales. The third causes itching like fine needles; hair turns gray; worse on top and sides of head. The fourth induces copious dandruff; hair comes out in bundles; scratching relieves itching, but is worse afterwards, with burning; skin over forehead feels tight. The last is useful when vexation seemed to disturb nutrition. Itching as from needles; dandruff over nape of neck, behind ears, etc. (*C. Hering* and others.)

In *BADIAGA* it is described as tetter-like.

*SPONGIA*.—In addition to the symptoms already referred to as belonging to this drug, we may allude to the following:

*Goitre.* (See below.)

Chronic hoarseness; voice gives out when singing or talking.

Voice cracked; can speak only with difficulty.

Croup, with harsh, barking cough, worse the first part of the night; sawing respiration; child arouses from sleep startled, suffocating, with long-drawn breaths and barking cough; better holding the head back. Caused by exposure to dry, cold winds.

Dry cough, with burning in the chest; better from eating or drinking.

Difficult respiration, as if a plug was sticking in the larynx, and the breath could not get through on account of constriction of the larynx; glands enlarged.

Pain in the chest and bronchi, with rawness in the throat when coughing.

Dyspnoea; great weakness in the chest; she can hardly talk after exercise.

Spermatic cords swollen, painful; pinching, bruised, squeezing pain in the testicles; pressive, painful swelling of the testicles.

Strangling pain in testis and cord, the former being hard, smooth, and swollen; any motion of the body or clothing causes a throbbing pain.

Menses too early and profuse, preceded by colic, soreness in



the sacrum and craving in the stomach; violent drawing in the limbs during menses.

Ailments are worse from dry, cold wind; from lying in a horizontal position (except the headache).

**Related Remedies.**—In glandular affections the toasted sponge has gained some reputation in goitre, and still more in orchitis, especially in mismanaged cases of gonorrhœal origin.

In croup the drug is often the only remedy needed for spasmodic forms without much fever. It also frequently follows Aconite, the latter failing to prevent a recurrence of the paroxysms the succeeding night. In true membranous croup relief must be prompt, and if not, resort must be had to such analogous acting remedies as Hepar, Iodine, or Bromine. The cough, rawness, and dyspnœa have led to the successful use of SPONGIA in laryngitis, especially after dry, cold winds, Aconite failing.

The symptoms of tuberculosis pulmonum are invaluable. They represent this dread disease in the stage of solidification. One or the other apex is invaded; the cough is dry, hard, ringing, while the faintness and rush of blood to the chest from exercise are not of uncommon attendance, particularly in young patients.

Compare in glandular affections: Pulsat., Rhodod., Iodine.

In croup: ACONITE, HEPAR, BROMINE, IODINE, *Causticum*, Kali brom., etc.

In tuberculosis: PHOSPH., IODINE, Hepar, etc.

ACONITE is preferable when, in croup, the child arouses with suffocation, cough is harsh, barking; face expressive of anxious fear; skin hot or bathed in sweat. Caused by exposure to cold winds. If the anxiety or the heat continues or returns the next night, persist with the same remedy; but if the respiration becomes more sawing or labored, as if forced through a sponge, the anxiety present but less marked, the fever somewhat diminished, sputum still absent or scant, change to SPONGIA.

HEPAR often follows SPONGIA when the cough is accompanied with a mucous sound, though it preserves its barking tone. This frequently occurs after 12 P.M., towards morning. Hence HEPAR is generally required later than the sponge. It must be remembered, however, that HEPAR also develops a tedious, dry, barking cough, coming on so soon as the child lies down at night. This cough, common in croupy children, the HEPAR relieves promptly. *Causticum* is a good substitute in some cases of catarrhal or spasmodic croup. Child while

inspiring chokes as if suddenly clutched by the throat ; raw, burning feeling, in a streak, down the course of the trachea.

Kali bromatum is not to be forgotten in weak, nervous children, who arouse with a dry, spasmodic cough, which greatly frightens them, causing them to cry out in terror.

It has several times happened in our experience that DRO-SERA was needed for a barking, evening cough, simulating that of SPONGIA. The coughs were frequent and persistent, combining the spasmodic with the croupy sound. SPONGIA failed.

BROMINE and IODINE may follow. The first suits in membranous croup, whether diphtheritic or not ; the larynx seems to be full of loose mucus. Child is aroused suddenly choking ; a drink of water relieves temporarily. IODINE causes a dry cough, with noisy respiration and fever. Child tears at the throat ; raises large flakes of tough, but not stringy exudation.

PHOSPHORUS resembles SPONGIA in tuberculosis. Both are indicated in youth, with weakness and rush of blood to the chest ; but the cough and the laryngeal symptoms are different. Much more nearly related here are SPONGIA and HEPAR. They suit in cases which cannot tolerate dry, cold air ; beginning solidification. The former is needed when the cough is dry, hard, worse before 12 P.M. ; the latter when the cough sounds hard, but there is phlegm in the larynx and bronchi ; in the morning in going into the open air, his throat fills with mucus, making his voice husky.

In the selection of SPONGIA for goitre the choice must depend upon general as well as local symptoms. Among the latter the provings include : Region of the thyroid seems indurated ; on breathing feels as if air was forced in and out of thyroid ; pressive pain in the region of the larynx while singing ; drawing towards the larynx with contraction.

Symptoms of a more general character, which may possibly be associated with goitre, are : Sensations of a plug in the larynx ; catching of the breath after dancing ; rapid, sobbing respiration ; weak after exertion, chest so weak can scarcely talk ; hot in the face, nauseated. After moderate motion in the open air, weak ; anxiety, nausea, pale face ; short, sighing respiration, with surging of the heart, as if it would force out upwards ; orgasm, face hot, body aglow, bloodvessels hard, distended. These symptoms suggest morbus Basedowii.

Among similar remedies IODINE stands foremost. Here, too, heart symptoms are prominent. The bronchocele itself may be painless, or sensitive to touch, with feeling of oppres-

sion. The heart, when this remedy is needed, is excessively active; exercise causes throbbing, which, with a weary, weak feeling of the heart, akin to muscular fatigue, lasts after exercise.

Natrum phos. has been used to cure goitre. The guiding indication was a feeling of pressure in the swelling. Twice in our experience the symptom was removed, but the goitre remained undiminished in size.

In cardiac affections SPONGIA resembles ACONITE, *Spigelia*, *Naja*, *Laches.*, Arsenic, *Lycopus virg.*, *Kali iod.*, *Aurum*, *Cactus*.

ACONITE has awakening with congestion to the chest, oppressed breathing, anxiety, etc.; but in SPONGIA there is added valvular deposit, the real cause of the suffocation; while in the former remedy there exists only cardiac irritation or simple hypertrophy.

*Naja* and *Lachesis* have arousing from sleep, smothering. The first is indicated in valvular lesions, the heart acting tumultuously, with fronto-temporal headache. Like SPONGIA it has removed the murmurs. The second is preferable in the incipency of heart disease, when threatened during acute rheumatism; on going to sleep, aroused smothering; must sit up in bed and loosen the clothing; heart feels enormously expanded.

*Spigelia* precedes SPONGIA. It is indicated by purring over the heart (pericarditis); dyspnoea from any motion; tumultuous action of the heart, sharp pains, etc. It may prevent valvular lesion.

*Aurum* resembles the sponge in causing thoracic congestion during exercise. But the bursting, full, sub-sternal sensation indicates cardiac hypertrophy.

*Kali iod.* is a remedy for valvular deposits; it produced in a prover, fluttering about the heart on awakening; must jump up or smother.

### PUERPERAL MORTALITY.

COLLATED BY GEORGE B. PECK, A.M., M.D., PROVIDENCE, R. I.

THAT physician must be more or less than human who never desires accurately to compare his own with other experiences. He appreciates the benefit that must result to himself; how to secure it is beyond his ken. It certainly can be attained neither by conversation nor correspondence. Who is willing thus frankly to state his misfortune? But that many



may enjoy this rare and precious privilege, I will concisely narrate the experiences of those who replied to a circular issued September 17th, 1880, soliciting information regarding losses in obstetrics. The order followed will be that of the reception of the returns. No clue will be afforded to authorship, although in many instances it would materially enhance the value of the statement.

In order to secure a more perfect appreciation of the several replies it may be well to observe they are to the following interrogatories. 1. Have you ever treated a case of nervous exhaustion or shock in a lying-in chamber (as after obstetric operations)? If so, under what circumstances, and with what results? And what measures do you take to prevent such conditions? 2. Have you ever treated a woman for hæmorrhage during or immediately subsequent to gestation, as in abortions, placenta prævias if unreported, post-partum hæmorrhages, etc.? If so, what was the probable cause thereof, the treatment, and the result? 3. Have you ever met a case of convulsions in a puerpera? If so, of what nature? What remedial agents did you employ? And with what result? 4. Have you ever prescribed for puerperal fever? What? Upon what grounds? And how successfully? 5. Have you ever lost a puerpera from causes dependent upon her condition, and not included in the above classes? Under what circumstances? 6. How many stillborn children have you delivered at the termination of natural labor? To what cause did you attribute the death of each? What conclusions have you formed regarding them? 7. Have you lost any children from dystocia? Under what circumstances? What precautions do you take in difficult cases to preserve the life of the child? 8. Have you seen a child imperilled through neglect or mismanagement, or in any other manner, after emergence from the vulva (as from non-ligation of the funis, etc.)? Method of attempted relief? Result? 9. State any cause of death or apprehended danger to children originating within forty-eight hours of birth (as umbilical hæmorrhage, etc.) occurring in your practice, with treatment employed and results. Should the reader remark at any point, "I would not have done thus!" let him reply to his own conscience that will promptly ask, "Have you never done worse?"

Dr. A. in fourteen years has treated a number of hæmorrhages after abortions, has controlled many of them with drop doses of *Ipec. 1<sup>s</sup>*, and believes it almost always effective if nausea exists as a symptom; when alarmed uses hot water, which

never fails. He has met but one case of convulsions, and that was a single one synchronous with the emergence of the child. It lasted half an hour; drop doses of Bell. 3<sup>x</sup> were given every ten minutes. He has lost but one puerpera. She was said to have had an abortion procured three months before her last pregnancy, and was left very anæmic. He treated her for this during the three weeks before term with some beneficial results, giving China 1<sup>x</sup> and Ferrum met. 3<sup>x</sup>. The hæmorrhage at parturition was not unusual, but she died on the fourth day from anæmia, shortly after the child had nursed for the first time. He has lost but one child from dystocia. The woman had been in labor seventy-two hours, and was exhausted when he punctured the head of the fœtus, withdrew some of the brain, and then delivered with the blunt hook. The difficulty was the narrowness of the inferior strait. He thinks it might have been taken with forceps, although the bones of the head were unusually large, but unfortunately his were broken the week before by falling from his carriage under the wheels, and he was too far removed from professional neighbors and civilization to make good his loss so promptly. Questions 4, 6, 8, and 9 were answered in the negative.

Dr. B. in six years has met a single severe case of hæmorrhage after abortion from some unknown drug. Used Bell. 3<sup>x</sup>, Secale cor. 1<sup>x</sup>, and cold compresses; result after two months, cervical metritis, subsequently cured. He also encountered one case of post-partum hæmorrhage in a woman who had given birth to nine children; probable cause, previous over-exertion. Secale cor. 1<sup>x</sup> and brandy and water were successfully administered. All other questions answered negatively.

Dr. C. in thirty-two years has had but one case of shock, which has been elsewhere reported. The mother was saved; the child lost. He has treated six severe hæmorrhages due to abortion, three to hour-glass contraction, one to "lateral" placenta prævia, and four to relaxed uterus; treatment as indicated, the chief internal remedy being Cinnamon  $\theta$ ; no deaths. He has encountered six cases of convulsions, two of which were "albuminuric;" treatment, Chloroform and Sulphuric ether equally mixed with Bell. 3<sup>x</sup>, Cicuta  $\theta$ , etc., but no Morphine, Bromide, or Chloral; no deaths. He attended five cases of puerperal fever in his eight hundred and fifty-one confinements and treated them "purely homœopathically" without loss. He has had twenty-three stillborn children, one of which was a monstrosity, two died from malformation of the mother's pelvis, one from protracted labor, one from lateral placenta

prævia, one from fall of the mother, one from cord around the neck, one from pressure of the head on the cord in a breech presentation, three from convulsions of the mother, one from mother's Bright's disease, having been dead three days, one from large head necessitating crushing, one from ossified head requiring craniotomy, one from violent contractions of the uterus, and eight unrecorded. In dystocia "follow the indications of the moment." He also met one case of purpura hæmorrhagica, where there was continued bleeding from the end of the cord and persistent oozing from the skin at its base. Styptics and ligation were resorted to also, Phos., Lach., Crot., Ham., etc., but death supervened in three days. He also had four cyanotic infants, one at least of whom perished. Questions 5 and 8 are answered negatively.

Dr. D. has met in twelve years among nearly three hundred accouchements some cases of exhaustion, but none that could properly be termed nervous exhaustion. He has had two cases of placenta prævia, hitherto unreported, in which he saved both mothers; also other hæmorrhages from insufficient uterine contraction, which were successfully treated medicinally with Ipec., Caulophyllin 1<sup>x</sup>, etc.; one very severe followed twins. None of his patients have suffered from fully developed convulsions at term, but several times they seemed imminent, when Gels. or Cim. afforded relief. In one case of very severe convulsions after early abortions, Verat. v.  $\theta$  controlled them upon three different occasions. He has been obliged to treat a number of cases of uterine inflammation after parturition, for which Acon.  $\theta$  with occasionally Bell., Verat. v., etc., were generally sufficient. He lost two, however, the former from getting out of bed into the cold, and upon convalescence hanging clothes contrary to orders, bringing on a relapse; the other from the combined influence of an intramural fibroid at the intersection of the neck with the body of the uterus preventing proper contraction, an adherent placenta, and probably, though not positively, poisoning. Some of the stillborn died before labor; others from its duration, mostly in breech presentations. He believes it best to finish a labor in the shortest possible time, using the forceps or vectis when necessary. He has never observed any bad results from their use. He has had one case of non-closure of the foramen ovale resulting in death. Questions 5, 7, and 8 were answered negatively.

Dr. E. in about fifteen years of practice (unfortunately in very many cases I must exercise the Yankee's prerogative and guess at the fact) has had but one case of post-partum hæmor-



rhage, due to the administration of chloroform during the last part of the second stage of labor. Manual emptying of the uterus, with external manipulation and twenty drops of Ergot administered by an attendant, promptly fixed things. The after-treatment was Cinchona and sustaining food. He was once called to a puerpera whom he found in a convulsion. Examination revealed an undilated os; probable cause of trouble, a dead fœtus. As he could obtain no medical assistance the case went into allopathic hands. The two most prominent practitioners in town did nothing but administer medicine until she could swallow no longer, and then of course stopped. After twelve hours of the let-alone treatment and during the absence of the physicians the uterus emptied itself, and the woman slowly recovered. He has delivered two stillborn children who had short cords encircling their necks, and who might have been saved by a prompt use of the forceps (the collator is *not* the critic); also a footling, which had been watched six hours after the membranes were ruptured, by a midwife who was waiting for nature to finish up her work. In one instance he was obliged to re-ligate the cord, which was done efficiently. Questions 1, 4, 5, 6, and 9 are answered negatively.

Dr. F., with an experience of about five years, has simply to report one case of hæmorrhage due to adherent placenta, which was promptly removed when the patient revived under stimulants; also one due to an abortion about the third month (the woman being unable to lift the head without fainting), successfully treated with Crocus and no mechanical measures. All other questions answered "No!"

Dr. G. has met in about fifteen years a single case of post-partum hæmorrhage; cause unknown. He gave first Acon.<sup>30</sup> and then China<sup>30</sup> without effect, but now observing the appearance of a sighing inspiration, Ipec. 2<sup>c</sup> was administered with almost instantaneous relief, a vigorous contraction of the uterus following, with cessation of the flow and complete recovery. Also a "case of puerperal convulsions at term, with os undilated and undilatable, in which all the homœopathic remedies were administered without effect, and the patient died." (He saw two cases in consultation where delivery was accomplished, and the women lived, and one precisely like his own even to termination.) Also one stillborn child, the mother being thirty-eight years of age, and a primipara eighteen years after marriage. He ascribes the accident to the persistence of the mother in standing for a long time during the expulsive stage,

and asks if he is right. Recognizing the doubtful propriety of attempting a specific reply to such a question, certain important conditions being unknown, I would in general remark that I do not consider the standing posture dangerous to the child (except through the violence of the fall pretty sure to occur) save in peculiar circumstances. It was my fortune once safely to deliver a woman in this position. I do not care to repeat the experience; it is not nice. But that ordinarily there is any special danger therefrom to the child while in the pelvic canal I cannot admit. On the other hand, I have seen the rigidity of that canal in persons similarly aged and circumstanced cause serious and even fatal trouble (to the child). Questions 1, 4, 5, 7, 8, and 9 were answered "No!"

Dr. H. in an experience of some fifteen years has treated one case of nervous exhaustion with quiet, rest, slight stimulation, and China. For hæmorrhages from abortion he uses *Secale*<sup>3</sup> and *Ipec.*<sup>3</sup>, also a tampon if required, removing the retained placenta as quickly as possible. When post-partum he gives *Secale*<sup>2</sup> trituration, external abdominal friction, and once resorted to a sponge dipped in vinegar. Has met four cases of convulsions, all subsequent to confinement, and nearly all in stout plethoric patients. He gave *Gels.*<sup>1</sup> and *Bell.*<sup>1</sup>, saving two and losing two. Quite a number of his puerpera took cold after confinement, causing metritis, ovaritis, or peritonitis as it chanced. He saved all with *Merc. viv.*<sup>3</sup> and *Puls.*<sup>3</sup>, sometimes giving *Nux vom.*<sup>3</sup> in place of the former. The only stillborn children he has seen died some time before labor from unknown causes, save three or four which presented the breech in a small pelvis. He delivers as rapidly as possible. For umbilical hæmorrhage he ties the cord or uses a solution of Tannic acid on it, and gives China, with good success. Questions 5 and 8 are answered negatively.

Dr. I. has not seen a marked case of nervous shock during his seven years' practice. In cases of post-partum hæmorrhages generally gives *Ergot*, applies cold to the abdomen, pressure and manipulation to the womb, and in one case introduced small pieces of ice therein. One patient on the fourth day after delivery had a bounding pulse of 160, a temperature of 106° F., and severe pain in the abdomen. He gave *Bell.*<sup>4</sup> and *Acon.* 1<sup>x</sup> every half hour, and applied hot fomentations. In four hours the pulse was 120 and the temperature 103°. He has not lost a puerpera. Two children were stillborn; one had been dead some time, and one was a breech presentation. He always ligates. Questions 3, 8, and 9 were answered negatively.

Dr. J. after about five years of service reports two cases of puerperal fever successfully treated with Aconite, and one case of dystocia, costing the child, and producing extreme nervous exhaustion in the mother, who eventually recovered. This has been already reported. All other questions answered in the negative.

Dr. K., who is not a member of the Institute, but a resident of Connecticut, reports the following cases: On the evening of July 1st, 1880, was called to a primipara, about thirty years of age. Her pains were slight, and the os undilated. Next morning convulsions set in at 5 o'clock, and continued until 5 P.M., the patient becoming unconscious at 9 A.M. At 5 o'clock was able to apply forceps, and, after considerable continuous and tiresome effort, extricated the child. Convulsions occurred while using the forceps—Chloroform did not stop them. Shock now supervened; pulse rose to 140, and became weak and fluttering. Brandy failed to restore her. There was no anasarca previous to confinement. Diagnosis: uræmia; she passed dark-brown urine at 8 A.M., and none subsequently; neither was urine found in the bladder.

One day he visited an Irish woman aged forty who had miscarried in her sixth pregnancy, and found her, at 4 P.M., reclining upon a bed soaked with blood, that had also formed a considerable pool on the floor. She had commenced flowing in early morning and was well-nigh pulseless, but conscious, though she had fainted several times. He elevated the foot of the bed, introduced a tampon, and gave Ipec. Next morning removed the cloths, when the fœtus appeared. Administered Secale, and in five days the woman was well.

On January 10th, 1880, he visited a woman forty-five years of age, who was suffering in this her seventh pregnancy with dropsy of the abdomen and inferior extremities, which had obtained for at least four months. Apis, Canth., and Tereb. had been administered in vain. The labor was very easy, although there was an excess of amniotic fluid; the child was strong and healthy. Next day everything seemed natural, but at night she complained of pains in the back and head. He was summoned to her bedside at 8 A.M., on the 12th, when he prescribed Tereb. and Canth. At 10 A.M. she had a convulsion, dying at 1.30 P.M. Cause of death: uræmia following chronic Bright's disease. A catheter was passed at 12 M., through which came a little dark blood.

On February 7th, 1880, he delivered a stillborn and very emaciated child after an easy labor, terminating in good



recovery, from a primipara aged 19, who had suffered from excessive dropsy of abdomen and labia, but not from albuminuria.

He also mentions stillborn Irish twins after difficult extraction. He suppressed umbilical hæmorrhage after separation of the funis, with dilute Carbolic acid, and October 10th, 1880, re-ligated an infant's cord whose advent had been superintended by the fond father.

Dr. L. has practiced twenty-two years. He remarks that whenever he has used instruments the patient has recovered readily. Having obtained her confidence he does whatever seems to be necessary, and finds no bad results. He has encountered some cases of hæmorrhage from abortion; one from hour-glass contraction, relieved by manual extrication of placenta; and occasionally a post-partum too protracted to be satisfactorily controlled by China, Erig., Ust., Crocus, etc., according to indications. With gentle pressure upon the womb between my thumb and fingers after the head is born, contraction generally takes place without much hæmorrhage. He has met but one case of convulsions. There was a general spasm about half an hour before the babe was born, for which he gave Bell.<sup>1</sup> one dose. The labor was properly accomplished, but half an hour subsequently she had a second convulsion, for which she received a dose of Bell.<sup>3</sup> There was no further trouble. In another case he might give Verat. v. He has had occasion several times to believe puerperal fever was threatening, but has always averted it, and generally with Verat. v., indicated by the pressure on brain and nerve-centres, with congestion. He has never lost a puerpera from any cause. He has had but three stillborn children; none since 1863. The first two were breech presentations. Has had similar cases since, and thinks that perhaps he need not have lost those, although during his first two years of practice. The other was his own son, who perished from the severity of the labor. The pains came at intervals of three minutes, and lasted three minutes. It was impossible to reanimate the child. In similar cases he would give an anæsthetic in sufficient doses to relax the grip. He has had no trouble where there has been a fair respite between the pains. He has ligated when pulsation ceased. Has apprehended no danger to any of his infants save in two instances, where the foramen ovale did not perfectly close. Filling them with blood from the womb obviates many difficulties which otherwise might arise.

Dr. M. has practiced not less than fifteen years, during

which time he has met a few cases of exhaustion, but only one of shock. That followed a protracted labor terminated with instruments. All rallied well under stimulation. He always leaves in such cases Arn. 2d or 3d, to be taken occasionally. Has had numerous cases of profuse post-partum hæmorrhage, but only two really dangerous, and they occurred to the same woman in successive confinements. They were "frightful." Delivery was rapid, being accomplished in thirty minutes after the physician was summoned, and was followed by complete uterine inertia. Ergot internally, with ice upon and within the abdomen, saved her. Dr. M. makes it a rule never to leave the bedside after the birth of a child, nor remove his hand from the abdomen until the placenta is expelled, and the uterus well contracted. He has had one case of puerperal convulsions. The first occurred just as the child's head emerged from the vulva; the second, fifteen minutes later, when she became comatose, remaining thus until nineteen had been accomplished. Potassic bromide and Gels. were administered. Patient made a good recovery. He has not lost a puerpera from any cause whatever. Of his stillborn children only two were living at the inception of labor. One of these perished from a prolapsed cord in a protracted case; the other, from breech presentation in a primipara. Had his forceps been at hand, the child might have been saved. He always ligates. Once when the cord was very large, it shrank away apparently from the ligature after a few hours, permitting hæmorrhage, which resulted in death, the doctor being summoned too late. Has had no cases of puerperal fever.

Dr. N. has performed the duties of his profession over ten years. Of course he has treated numerous hæmorrhages, all with the similar remedy. Has met but one case of convulsions, and that was caused by hæmorrhage from getting up too soon. She received China and Hyosc.<sup>30</sup> He has lost but one puerpera out of four hundred, and that was due to overfeeding with strong diet, whereby enteritis was produced. Has had five stillborn children, on account of injuries received by the mother and prolapsed funis. He has never lost a child from dystocia, delivering as speedily as possible and using the forceps in all breech presentations. Questions 1, 4, and 8 are answered negatively. He mentions the following incident: "Last spring I was called to see Mrs. X., eight months advanced in pregnancy, who was experiencing a hæmorrhage from the womb without pain. She thought it caused by over-exertion. It soon ceased under the influence of rest and Hamamelis. Three weeks later

I delivered her of a dead child. Decomposition had set in, and no motion had been felt since before the bleeding." The question now suggests itself, Could the child have been saved by inducing premature delivery? The collator would respectfully answer, No. There is no evidence that the child was living when the first drop of blood appeared, and even had its unimpaired vitality at that instant been certainly known, he would not dare to incur the double set of hazards such a step necessarily involves. Theoretically, success might occasionally crown such a manœuvre—practically, it should be undertaken.—well-nigh *never*!

Dr. O. has been at work about a quarter of a century. He has had cases of exhaustion after very rapid labors, with severe, protracted pains, especially when near the close; also after the use of forceps. Treatment: Warmth to the surface and extremities; stimulants internally, and inhalations of Ammonia. No deaths. To prevent the shock he would administer Ether before operations, or when the pains are very severe, or the labor very rapid. Has treated numerous cases of hæmorrhage after abortion, with retained placenta. He always tampons the vagina with carbolized sponges, which arrests the hæmorrhage, and facilitates the expulsion of the placenta. They should be removed in twelve hours, reapplied if necessary, and tightly retained by a T bandage. He was once called to the miscarriage, at the fifth month, of a primipara just convalescing from typhoid fever. There was little loss of blood, but two hours after delivery she was seized with a convulsion. On arriving at the bed-side (he had left the house when everything seemed properly conditioned), he found her in a very nervous state, with anxious expression of countenance. She asked if she was dying, and was assured she was not, for Dr. O. regarded the attack as hysterical, and accordingly endeavored to calm her by cheerful and hopeful conversation. She then complained that the room was dark, though really it was very light. Before he had time to prepare medicine she took another convulsion, and died almost instantly. He considered it apoplectic in character, due to emboli sent from the heart. This is his sole experience with the complication. He has prescribed Arsenicum for puerperal fever on the ground that the toxic effect of that drug corresponds more perfectly to the disease than any other. Lachesis and Crotalus should be considered. Has met but two cases, both past recovery when he saw them, dying within twenty-four hours. But both had been treated *secundum artem* with copious bleed-



ing, purging, and vomiting. He has lost two children through the administration of Ergot, and one from unnecessary delay in delivery, which might have been saved by an earlier application of the forceps. He has come to the conclusion that Ergot should never be used; but when it seems indicated, the forceps should be resorted to as safer and equally efficient. Question 8 was answered negatively.

Dr. P. has attended and recorded 1500 cases. He remarks that in slight cases of exhaustion he gives Arn. and Bell., but usually administers Chloroform, and so seldom encounters one. He has had hæmorrhages after abortions from retained placentas, which he removed as promptly as possible; also after delivery from non-contraction of the uterus, for which he gives the appropriate homœopathic remedy, and employs Crede's method. He has met two cases of hysterical convulsions, which were cured by Gels.; also ten cases of true eclampsia. In eight of these the attack commenced before delivery. He gave injections per anum of Chloral hydrate, grs. xxv, with Potassic bromide, grs. xxx, repeated every one to six hours, according to the case, and delivered as soon as possible. In the other two the attacks were post-partum. He turned out the clots from the uterus, practiced Crede's method, and gave enemias as before. From no cause yet mentioned has he lost a mother. He never has prescribed for puerperal fever, but he has lost two women from septicæmia originating before delivery; in both cases the child had been dead at least a month. Of infants he has lost six; one from prolapsed cord in a consultation case, one from delay in delivering head after turning, one from crushing the head with forceps, and three from separation of placenta before the birth of the child. He has had seven "blue babies." Question 8 was answered negatively. He has been a member of the Institute less than twenty years. The length of his previous experience the collector has no ready means of ascertaining.

Dr. Q., after some fifteen years, states that he has encountered one case of nervous exhaustion, and that occurred after a perfectly normal labor. China, stimulants, heat, etc., failed to restore her; she died in three hours. Has met three cases of post-partum hæmorrhages, due to inertia, which were saved by friction and 30-drop doses of Ergot. In abortions, before the delivery of fœtus or secundines, he has used the tampon and generally Ergot, but now abandons the drug as tending to contract the circular fibres of the uterine neck. Has treated two cases of ante-partum convulsions accompanied by

albuminuria; delivered with forceps; lost one in a few hours; saved the other after administering Ars., Kali nit., and Ilielou. Has also lost a puerpera from septic poisoning. Has had several stillborn children, all of whom had been dead some time, save one that clearly fell a victim to protracted labor. In a similar case would now use the forceps. Cases under questions 7 and 9 have been reported elsewhere.

Dr. R. is an active, energetic, and successful practitioner. His answers will be given almost verbatim: "1. No. 2. Yes, many a one; and the causes and treatment would fill one volume, and the results of treatment, another. 3. Only one in over thirty years; delivered with instruments; result, relief at once and a good recovery. 4. Yes, always in the steps of an allopathic accoucheur; never saw one in my own practice; do not believe in it, success bad. 5. Only as above. 6. Do not know; probably hundreds; causes as numerous as the cases. 7. Seldom; circumstances as numerous as the cases; each case must make its peculiar demand, and 'I govern myself accordingly.' 8. Yes, and from the string breaking in the act of tying. The demand of the moment must determine the thing to be done. 9. There may be, but they have not occurred in my practice, except as above in children at full term."

It has been with the utmost difficulty that I have restrained myself from criticism while arranging and transcribing the above. It must be admitted, however, that he who cannot read the lesson contained in even the briefest statement would not profit by its most careful elaboration. Some of them furnish material for profound thought on subjects quite different from those they were designed to illuminate. Their chief value consists in the fact that they are not from select but average practitioners, made with no thought of personal gains or aims.

### A YEAR'S PROGRESS IN SURGERY.

BY W. B. TRITES, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE year 1881 will be memorable in the history of surgery, not for the discovery of new or wonderful principles, but for a general advance in operative procedure, fostered by the protection afforded by Listerism. The antiseptic method is more popular to-day than ever. Its influence is felt in every department of medicine. It numbers among its adherents the most noted surgeons of Europe, and daily, new names are

added to the list of converts. Volkman, of Halle, said of it recently: "That no discovery in surgery has ever approached this in its beneficial effects to humanity. Many thousands of human beings have had life and limbs preserved by it, and millions will yet share in these benefits, for the antiseptic treatment of wounds will never be abandoned." To show how firm his belief is in the system, let me quote again: "To-day we may say with the deepest conviction that the surgeon is responsible for every disturbance that occurs in a wound, that it is his fault if even the slightest reaction or redness is developed in it, or if an amputation is not healed by the first intention. He must reproach himself severely if, after an operation, bagging of pus occurs, or if death occurs from pyæmia."

These are strong words and calculated to make the surgeon ask, on what foundation such assertions rest? Here are a few of Volkman's figures: Before adopting the antiseptic treatment, he had lost 40 per cent. of his compound fractures. Since adopting it, he has treated 135 cases. Of these 133 were cured and 2 died. The death resulted, one from fatty embolism of the lung; the other, a drunkard, from delirium tremens. In amputations, his results are even more wonderful, curing more cases of amputation of the thigh in one year than during all his practice before the introduction of the antiseptic system, 70 per cent. of all cases resulting favorably. He has performed 400 amputations of large limbs, with loss of only 4 per cent. Mr. McEwen, of Edinburgh, has performed 835 osteotomies, of which 827 healed without suppuration, and none of the number died either from the operation, or its consequences. With such statistics to encourage, it is not surprising to find that the surgery of 1881 is marked by a spirit of audacity that, defying the opinions of a decade ago, plunges the knife into organs and cavities which hitherto have been considered sacred. The most wonderful of these operations have been made for the relief of various diseased abdominal organs. The liver has felt the knife, and from it the sac of the echinococcus has been removed, and the gall-bladder relieved of its load of calculi. The kidney has been removed so frequently that the operation is an established fact, and recently a wandering kidney has been searched for by the knife, found, and imprisoned in the wound, thus ending its migrations. Billroth, of Vienna, has successfully resected the stomach four times for cancer of the pylorus; one of his patients still survives, six months having elapsed since the operation.

Volkman has in more than 200 cases opened the knee-joint,



washed it out, and drained it, without exciting suppuration in a single instance.

Lister has been honored by being chosen President of the Clinical Society of London; his inaugural address on "Catgut Ligature" is worthy of special mention. He names, as the essentials of a good animal ligature, the following properties:

- 1st. A short period of preparation.
- 2d. Proper strength after prolonged soaking in blood-serum.
- 3d. That a knot tied on it shall hold with absolute security after unlimited soaking in serum.
- 4th. It must be of such a character that it will remain exposed to animal juices for a considerable time without being absorbed.

5th. It must be of such a character that when at length the process of absorption commences, it shall take place in such a manner that, while the ligature is reduced in thickness, it retains its tenacity as long as any of it remains.

Mr. Lister thinks that in his new method of preparation these properties have all been secured.

The soaking solution is composed of 1 part of Chromic acid to 4000 parts of distilled water, to which is added 200 parts of pure Carbolic acid. Into this is placed a weight of catgut equal to the weight of Carbolic acid used. Forty-eight hours' soaking prepares the catgut, which is then dried and placed in a bottle of one to five parts Carbolic oil. In both soaking and drying the catgut must be kept on the stretch.

Let it not be supposed that all the opponents of the antiseptic treatment have capitulated, for many able minds are still engaged in modifying the sweeping assertions of its discoverer.

Bruns, of Tübingen, has set up the cry of "*fort mit dem spray*," arguing that the use of the spray in surgical operations is not only disagreeable and annoying, but also an unnecessary and superfluous addition, and ought, therefore, to be omitted. He substitutes for it temporary irrigation with a 2 or 5 per cent. solution of Carbolic acid. His results are as follows: During two years he has performed amputations and articulations, 62; osteotomies, 10; resections at joints, 26; resections distant from joints, 13; trephining, with scooping of spongy bone, 9; necrosis of long bones, 24; a total of 144 operations without a fatal result. Beside these, he treated in his clinic over 1175 patients, performing 350 bloody operations, with

only 36 deaths. Among all these there occurred not a single case of blood-poisoning, pyæmia, septicæmia, or erysipelas.

Erichsen, in his opening address before the surgical section at the London Congress, asks: "Is there no fear that in some of the modern systems of treating wounds, we are in danger of expending all our precautions in the prevention of the local and ignoring the risk of a constitutional infection?"

Keith reports 5 deaths in 25 cases of operations for intraperitoneal tumors, 2 from carbolic poisoning, 1 from septicæmia, and 2 from nephritis. In consequence of this experience he had abandoned the spray, and had but 1 death in 27 ovariectomies, without antiseptic precautions. Mr. Lister admits that it should not be used in peritoneal operations, for fear of absorption, but clings to it in all other operations. These observations indicate that the system is capable of modification. The value of the treatment is universally admitted, and if it can be so modified as to make its use less annoying it will be universally adopted.

Professor Helmhuth, at the recent meeting of the American Institute of Homœopathy, made an eloquent appeal for the re-introduction of the high operation for stone. He stated, as the result of numerous experiments made at Ward's Island, that an incision of two inches and a half could be made in the median line without wounding the peritoneum, one of the dangers of the operation.

Professor Peterson, of Kiel, in an address before the Ninth Congress of German surgeons, unites with Professor Helmhuth in his advocacy of the *Techo Alta*, and proposes a method, by which the danger of wounding the peritoneum is greatly diminished, having discovered by numerous experiments that the filled bladder can be lifted still further out of the lesser pelvis by filling the rectum, and in this way the prevesical fold of the peritoneum is carried still higher, and so, farther away from the knife. Trendelenburg, of Rostock, another advocate of the high operation, has advised the use of a T shaped drainage tube, to be left in the wound, and the patient kept upon his belly during the after treatment. He in this way prevents infiltration of urine, another of the objections to this operation. The advantages claimed for the high operation are: 1st. That the surgeon can use his eyes. 2d. Slight hæmorrhage. 3d. Easy removal of the stone. 4th. The possibility of employing Lister's method of treatment. 5th. No danger of incontinence, and finally, impotence can never occur in consequence of this operation.

At the recent Congress, stone in the bladder formed one of the special subjects of discussion. Professor Bigelow's lithotrite was heartily indorsed. This invention has almost revolutionized the surgery of stone. The inventor has slightly improved the lithotrite during the last year, but the modifications are not important. Dr. H. Thompson has operated in 91 cases by Bigelow's method, with 88 recoveries, and Mr. Coulson has removed *four* ounces of stone at one sitting.

Reid's method of treating aneurism by the elastic bandage received the special attention of the surgical section of the late Congress. The originator of the procedure, in opening the discussion, limited its application to sacculated aneurisms, the cure resulting from the coagulation of the whole mass of blood in the sac.

Dr. Stimson, in a recent careful study of the subject, reaches the following conclusion: That in the elastic bandage we have an efficient means for safely shortening the duration of the treatment by compression of popliteal and some femoral aneurisms, the greater efficiency and more speedy action resulting from the checking of the circulation through the collateral branches as well as through the main artery, thus securing absolute stagnation of the contents of the sac.

The charge that gangrene is more apt to occur in cases of this nature, if recourse must be had to the ligature, is not a tenable argument, as it is based upon one case out of sixty-two cases, the whole number of operations reported.

Lidell has made a study of fractures of the base of the skull in 135 cases. His conclusions are:

1st. Fracture of the base of the skull is not necessarily fatal; a considerable number recover.

2d. Those patients do best who are kept at rest and treated antiphlogistically, *i. e.*, meagre diet, cold to the head, purgatives, mercurials, blisters, etc.

3d. Ligation of the common carotid may be successfully employed to arrest hæmorrhage from the middle meningeal artery.

Skin-grafting has been the subject of two important improvements during the year. Dr. Fischer, of Strasburg, has found that better results are obtained, if the grafts are rendered bloodless before removal, and still better results, if the ulcerated surface is also made anæmic before the grafts are planted.

Girdner, of New York, has had success with grafts taken from the body six hours after death.

Nerve-suture has attracted attention during the year. Von



Langenbeck has sutured the radial nerve successfully, two months and a half after division occurred. Esmarch has also successfully performed the operation.

Page, of England, has recently reported a successful suturing of the median nerve. He recommends that surgeons, in the treatment of wounds, should suture nerves as well as the severed vessels. Gluck, of Berlin, has removed three inches of the sciatic nerve of the hen, replaced it with a piece of nerve from another animal, and had a perfect result. Hehn has operated on more than forty healthy animals, union taking place in the divided nerve, but the function was not restored. Hence he doubts the experiments of Gluck, and explains the results obtained by Page, Esmarch and others by calling attention to the fact that sensibility often returns after neurotomy.

A new method of transfusion of blood has been introduced by Ponfick. A curved trocar is plunged through the linea alba into the abdominal cavity, and about one pound and a half of defibrinated blood is allowed to flow in. Kaczourouski has reported five successful cases. Recently it has been tried in Italy in a patient dying from post-partum hæmorrhage. 200 grams of defibrinated blood injected into the peritoneal cavity brought about complete recovery.

Korteweg, of Amsterdam, has studied the results of operations in cancer of the mamma. The clinics at Zurich and Vienna under Billroth, those of Kiel, Professor Esmarch, and those of Breslau, Professor Fischer, have furnished the statistics, and embrace 515 operations. Of these, 87 died in consequence of the operation, or 16 per cent.; of the remainder, 46 had no return of the disease at the expiration of three years, and even those in which the disease returned profited from the operation, living from six months to a year longer than those not operated upon. In those cases (294), in which the axillary glands were involved, 20 per cent. died, 6 per cent. were permanently cured, and 74 per cent. aggravated.

Eastlander, of Sweden, reports the results in 59 cases of carcinoma of the breast. Of these, 8 were permanently cured.

These writers confirm also the views of Shaw on the "Etiology of Cancer," viz.:

- 1st. That hereditary tendency, as a predisposing cause of cancer (at all events, of mammary and uterine), is almost valueless, if not entirely so, and in practical diagnosis should be altogether ignored as misleading.

- 2d. That mechanical injuries directly produce cancers in a certain percentage of cases, but this percentage is small.

3d. As a direct and immediate cause of cancer (especially uterine cancer), mental trouble and hard work are potent agents, and exert more influence than all the other antecedents within our knowledge.

Dana, in a paper on the "Benignity of Syphilis," reaches the following conclusions from a study of 375 cases among sailors:

1st. That syphilis runs a mild course among American seamen, and physically incapacitates them less than either gonorrhœa or chancreoid.

2d. That it runs this course often without treatment, and almost always in spite of irregular living and unhygienic surroundings. These conclusions, he thinks, confirm the views of those who believe, 1st, that syphilis is curable; 2d, that it often tends to spontaneous cure.

3d. That its present benignity is due in part to treatment, and in part to a gradual change, either in character of the poison itself, or in the organism upon which it feeds, or both.

Parrot has recently described four varieties of alteration which take place in the teeth of those suffering from hereditary syphilis:

1st. A peculiar change in the color of the first molar.

2d. Cup-shaped atrophy.

3d. Sulciform atrophy.

4th. Hatchet-shaped atrophy.

We also have a fifth form, the notched tooth of Hutchinson.

The destruction of the chancre, as an abortive measure in syphilis, has about had its day. The results of numerous cases of excision, cauterizing, etc., show that it is without avail.

Henry Leloir has written a paper on the subject, and concludes with an account of a recent interview with Ricord:

"This portion of the paper is particularly interesting, as it gives M. Ricord's matured opinion, and shows how entirely he has abandoned his former conviction, viz., that the destruction of the primary sore, within a short period of its existence, could prevent the sequence of general syphilis. Ricord now says: 'That he has completely abandoned the practice of cauterizing or of excising infecting chancres; that he considers the destruction of the infecting chancre to be absolutely useless at any period; as soon as it appears, before its appearance even, syphilis exists. If the penis were amputated on the appearance of the infecting chancre, syphilis would none the less be produced.'"—*London Medical Review.*

## A PROPOSED CLASSIFICATION OF DISEASES OF THE MIDDLE EAR.

BY W. H. BIGLER, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

It has often seemed to me that greater uniformity in the meaning and classification of the diseases of the middle ear was desirable, especially from a practical and clinical point of view, in order to render more easy a comparison of the different methods of treatment and their results.

Without laying claim to perfection, or even to entire completeness, I have ventured to suggest a scheme which I think is capable of being used not only for purposes of diagnosis, but also as a guide in recording results, and noting confirmed symptoms.

The difficulties of a satisfactory classification of these diseases will be apparent if we consider the obstacles that stand in the way of a positively correct diagnosis of any but the grosser pathological changes occurring in the cavity of the tympanum. Ability to overcome these obstacles is not, as in the case of so many other diseases, being rapidly increased by a comparison of symptoms occurring during life, with post-mortem appearances. An autopsy attended with an examination of the middle and inner ear is a rare exception, unless called for by the previous occurrence of symptoms unmistakably pointing to aural disease. But these symptoms are in most cases so significant of the character of the lesion as to leave nothing but its extent to be determined by the autopsy, and hence aid little in perfecting our knowledge of the pathological changes attending the more usual and less fatal diseases of the middle ear. The lesions of the nervous apparatus of the ear are at present receiving almost exclusive attention in connection with the present ardent investigation into general nervous phenomena.

In attempting a classification, regard must be had to the pathological character of the disease, and to the objective signs by which this can be determined; the subjective symptoms have here no place, but may easily and profitably be added by the therapist.

The divisions hitherto adopted have seemed too comprehensive, consequently including under one name diseases differing both in their pathology and in the treatment indicated.

*Gouber* divides into otitis media catarrhalis, purulenta s. suppurativa, and hypertrophica.

*Toynbee*: Congestion; acute inflammation; chronic inflammation; chronic catarrhal inflammation; chronic catarrhal inflammation extending to the bone, dura mater, or brain; and ulceration of the mucous membrane.



*Burnett*: Acute and chronic catarrhal, and acute and chronic purulent inflammation.

*Von Roosa and Mittendorf*: Acute catarrhal; subacute catarrhal; chronic non-suppurative, either catarrhal or proliferous; acute suppurative; chronic suppurative, and the consequences of chronic suppurative otitis.

*Buck*: Acute and subacute inflammation of the middle ear; catarrhal inflammation of the middle ear; chronic subacute catarrh; acute purulent inflammation, and chronic purulent inflammation, either simple or proliferative cases, or those in which the bone is involved.

In the classification about to be offered, its clinical use has especially been kept in view, but it must be remembered that in many cases there is a tendency for one form of disease to pass over into another, so that the dividing line is often more imaginary than real.

All the morbid conditions observed in the middle ear are found to depend upon an inflammatory process of greater or less intensity, and of longer or shorter duration. We must here as elsewhere be careful not to limit the idea of chronicity to duration alone; we may have a comparatively short chronic and a long acute attack, the degree of intensity serving also to mark the progress of a disease as acute or chronic.

Again, we will find in the case of some, a change in the character of the secretion of the mucous lining of the tympanic cavity, in others an increase in its quantity, and in still others a variation in both quantity and quality. On the other hand, pathological changes may result from inflammatory action, attended with no increase, but rather a diminution in quantity of the normal secretion.

The effects that the presence of the secretion will have upon the membrana tympani will afford us a characteristic very useful in our classification. It is more than doubtful if any but a purulent secretion will ever result in spontaneous perforation of the membrane.

On this basis we would classify as follows:

Otitis media.	Non-perforans.	Sicca.	{	Hypertrophica. Atrophica (sclerosis).
		Catarrhalis.	{	Acuta: Hæmorrhagica. Serosa. Mucosa. Chronica: Mucosa.
	Perforans.—Catarrhalis.	Purulenta.	{	Acuta. Chronica.

It will be noticed that I have no "dry catarrh," and that I have classified purulent otitis as a form of the catarrhal. In this I depart from the generally accepted usage in America, but we find among Continental authors, and occasionally in English works, a "purulent catarrh" spoken of, and with right. There is nothing in the derivation of the word, nor in its generally accepted usage in other connections, to limit its application to mucoid secretions. And, again, from a clinical point of view, the differential diagnosis between an otitis catarrhalis and our otitis purulenta, as now used, is absolutely impossible up to the point of rupture of the membrane. The intensity of the subjective symptoms is too variable a basis on which to build a diagnosis, and it is not until the discharge of pus takes place that we are able positively to add "purulent" to what we have already recognized as a "catarrh."

In using this scheme the condition of the membrane will give us our indications for a diagnosis, while the other symptoms known to accompany the various diseases will enable us to complete and to verify it. Our treatment will then become rational, and our results reliable.

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### NASAL CATARRH.

BY W. K. INGERSOLL, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

BEFORE going on to the consideration of nasal catarrh we will hastily run over the gross and minute anatomy of the nasal cavities.

The nasal fossæ are two large, irregular, wedge-shaped cavities situated in the middle line of the face, extending from the base of the cranium to the roof of the mouth, and separated from each other by a thin nasal septum. They open by the anterior nares in the face, and the posterior nares into the pharynx; at the vault they are much narrower than at the base, and at the centre than anteriorly or posteriorly.

The roof of each fossa is long, narrow, and concave from before backward, and is formed by the nasal, ethmoid and sphenoid bones. The floor is formed by the palate process of the superior maxillary and palate bones. The septum is formed in front by the cartilaginous septum, and behind by the perpendicular plate of the ethmoid and the vomer. The outer wall of each cavity is formed by the superior maxillary and palate bones, and is traversed from before backwards by three turbinated

bones, which divide each fossa into three meatuses, the superior, middle, and inferior. There are four accessory sinuses connecting with each nasal fossa; the sphenoidal sinus opening into the superior meatus, the frontal sinus and antrum of Highmore connecting with the middle meatus, and the lachrymal duct opening into the inferior meatus.

That part of the pharynx above the level of the velum of the palate, limited above by the vascular process of the occipital bone, behind by the bodies of the vertebrae, and laterally by the muscles of the palate, we include under the respiratory tract of the nasal cavity—which is the part we have under consideration in treating of nasal catarrh.

The Schneiderian membrane is devoid of papillæ, and is covered with a cylindrical ciliated epithelium, the ciliary movement always being directed towards the posterior nares; underneath the epithelium is a true, connective tissue, submucous layer, which is internally interwoven with the true periosteum of the bones, and in the thinner portions forms the periosteum.

The posterior portion and outside of the turbinated bones is covered with a thick membrane, while within the scroll of these bones and lining the accessory sinuses is a much thinner membrane.

The thicker mucous membrane over the posterior portion of the turbinated bones is thrown into numerous folds, increasing the extent of the surface materially. The *membrana mucosa* forms a fibrous network, which connects the glands and vessels together, and is intimately connected with the periosteum. The glands of this region are more complex than those of the thin portion of mucous membrane, having many oblong diverticuli uniting in a tortuous canal which opens on the surface. These glands are lined with low columnar epithelium. Within the substances of the turbinated bones are larger lymphoid cells and thin-walled lymphatic vessels.

The thickness of the mucous membrane here is not due to its being rich in glandular structures, but to the existence in it of true erectile tissue, as well as venous plexuses.

The thinner mucous membrane has many glands, which are simple tubes connecting at their base with several oblong pouches, and are lined with cylindrical epithelium, becoming pear-shaped in the acini.

The mucous membrane of the superior pharynx is simply a continuation of the ciliated epithelium of the nasal cavity, until it reaches the level of the isthmus of the fauces, when it



becomes stratified pavement epithelium. There are many racemose mucous glands in this part of the pharynx. Extending from one Eustachian opening to the other in the vault of the pharynx is a chain of adenoid glandules, called the pharyngeal tonsil.

*Nasal catarrh* is the most common catarrhal inflammation which is brought to our notice, and is the ordinary cold in the head produced by known atmospheric changes. Malformations of the nasal cavities, chemical or mechanical irritation, will cause it. But it is also often a local expression of a constitutional disease.

The great richness in the vascular supply to this tissue predisposes to hyperæmia and to disorders of secretion, while the character of the epithelium and submucous tissue makes it very liable to be swollen on the occurrence of slight excitants to congestion.

The anatomical characters of acute inflammation of the nasal mucous membrane are: redness and injection, the injection involving the finer ramifications, or may amount to destruction of all the vascular apparatus, the membrane loses its transparency and becomes cloudy and filled with a grayish-red fluid; being swollen, the mucous glands protrude above the surface, which gives to it a warty appearance; sometimes the epithelium is raised in vesicles filled with serous fluid. The submucous layers are loose, and are spotted more or less with small extravasations of blood.

The secretion is more than normal and watery at first, but as the inflammation advances it becomes less in amount, opaque, and viscid, and, at the acme of the inflammation, ceases altogether. After this it is gradually restored, frequently streaked with blood, then becomes purulent and very abundant, gradually regaining its normal quantity and appearance.

The foregoing symptoms of acute coryza may after repeated attacks become chronic. The mucous membrane is a dark brownish-red, due to pigmentation of the tissue injection and varicose state of the vessels. The membrane becomes thick and tumid. Swelling of the follicles makes its surface indurated and uneven; the tissue is more dense and more closely connected with the underlying periosteum.

The secretion is grayish or yellowish-gray, opaque and viscid, composed of pus, cylindrical ciliated epithelium, and squamous epithelium from the pharynx in this viscid follicular fluid.

This is usually gotten rid of by forcibly drawing it back into the pharynx, whence it is hawked up and expectorated.

At first there is no marked thickening of the mucous membrane, and the secretions do not accumulate in the nasal cavity. The voice and sense of smell are not affected.

Examination through the anterior nares shows the septum and portions of the turbinated bones dark red in color, often purplish. By rhinoscopic examination the middle and lower turbinated bones are reddened, and the glands lining the concavity of the vault of the pharynx are swollen, and the mouths are clogged with a thick, tenacious, gray mucus, which hangs in masses.

If this chronic coryza continues—is aggravated each spring and fall by the atmospheric changes that occur in this climate—new elements of connective tissue are constantly thrown out in the mucous and submucous layers, until thickening is so great that we have the chronic hypertrophic nasal catarrh. The usual site of greatest hypertrophy is over the convexity of the turbinated bones. There is an abnormal secretion of tenacious mucus or muco-pus, and partial stenosis of the nasal cavity interfering with normal nasal respiration. If left without treatment, and often with treatment, this tenacious stringy discharge will drop back into the pharynx, closing the mouths of the follicles, hindering their proper secretory function, and settle about the glottis, setting up both pharyngitis and laryngitis.

By making an examination anteriorly we will see the anterior portion of the inferior turbinated bones with their membrane so thickened as to encroach materially upon the breathing-space of the cavity. It may be so hypertrophied that masses of the membrane hang down upon the floor of the nasal cavity.

Posterior examination will show over the turbinated bones the membrane raised and projecting prominently from their convexity. They appear whitish in color, traversed with seams and fissures. "The appearance resembles that of a grub-worm in outline, color, and seamed appearance of surface," and is quite characteristic. In the pharynx we find in the vault, a rose-red or purplish rough corrugated appearance of the mucous membrane, owing to the true hypertrophy of the pharyngeal tonsil.

Again, a chronic coryza may be of such a nature that the epithelium and glands are partially destroyed. There is little mucus and that dries rapidly, and the motion of the cilia is

wanting to carry it from the nasal cavity. This variety is called dry catarrh, or atrophic catarrh.

Persons living in a dry atmosphere or where there is a great deal of dust in the inspired air, are most prone to this dry form. Often an attack will follow one evening spent in a dry, dusty atmosphere, and is marked by more or less pain in the nose; smell is somewhat impaired. There accumulate in the nasal cavity, dry crusts which, thin at first, become thick. There is a tendency to decomposition, causing a peculiar offensive odor. Under these crusts superficial erosions often occur, so that when the crusts are removed the membrane is liable to bleed.

The vault of the pharynx is involved, and these viscid drying secretions are difficult to remove, and give rise to a very disagreeable sensation of a foreign body which cannot be removed by hawking or swallowing.

Our information in dry catarrh is derived from examination of the anterior nares and vault of the pharynx, as a rhinoscopic examination shows little that is characteristic save in advanced cases, when a few dry crusts may be discerned on the middle turbinated bone. If this dry catarrh continues, the mucus loses its moisture rapidly, and a thin pellicle, which adheres to the membrane closely, forming a tight shield, covers the convexity of the turbinated bones, and extends sometimes into the accessory sinuses. Underneath this pellicle the secretions remain moist, and putrid changes take place, by which thick crusts are formed. The newer layers (those next the membrane) are composed of decomposing pus, which probably reinfects the mucous surfaces and aggravates the trouble materially. The odor becomes offensive in the extreme, due to the putrefaction of these retained masses.

If the connective tissue is in great excess in the chronic hypertrophic form of catarrh, its contraction may destroy the functions of the glands by crowding. This results in a dry atrophic catarrh, which may produce the same fetid discharges and scabs as those of dry catarrh. The main feature of this secondary dry atrophic form following the hypertrophic, is the atrophy of the turbinated bones, resulting from a pressure exerted by the dry scabs and contracting connective tissue under them over the convex surfaces of the turbinated bones, causing a reabsorption and atrophy of the same, giving a peculiar roominess to the nasal cavity. The pharynx is not much involved.

The most prominent symptoms are the offensive discharge



and odor from the nose. The roominess of the cavity is seen anteriorly better than posteriorly. Sense of smell gone or impaired. The pharynx shows pharyngitis sicci.

## TREATMENT OF POST-NASAL CATARRH.

BY LEVI J. KNERR, M.D.

(Read before the Homeopathic Medical Society of the County of Philadelphia.)

OF all the forms of catarrh afflicting the human family, the post-nasal or naso-pharyngeal is by far the most frequent and troublesome. The posterior nares, when diseased, are veritable hotbeds of corruption. We may at times, perhaps, be fortunate enough to temporarily remove the disease, both from the posterior nares and the pharynx below, and all trouble will seem to have disappeared for a time, but only to return again in full measure on the slightest provocation, such, for example, as an ordinary cold.

Allopathically considered, the treatment of post-nasal catarrh is anything but satisfactory; being regarded by some as absolutely incurable. No attempt at individualization is made, and each and every case is subjected to exactly the same routine treatment, consisting principally of the local application of various astringent lotions, etc.

Many contrivances have been invented, mostly by the old school, for coping with this obstinate and intractable disease, such, for example, as the nasal douche, the syringe, the atomizer, etc., but these appliances have almost invariably been found either altogether unsatisfactory, or transient in their results, and in many instances have proved themselves even pernicious.

As to the external or local applications for the alleviation or cure of this malady, little need be said, except briefly to allude to a few of those most frequently employed. One of the simplest and most frequently used, is a weak solution of table-salt, applied by means of the nasal douche or by gargling. Some prefer simply pure water, without the addition of salt, at a temperature of from 90 to 100 degrees F. The use of water alone at ordinary temperatures is sometimes followed by an increase in the irritation of the nasal mucous membrane, but this can usually be avoided by the addition of a little salt. Where the discharges are offensive and copious, the local application of Carbolic acid, diluted in warm water, removes the odor and gives comfort to the patient. In aggravated cases

of long standing the application with a brush of the fluid extract of *Hydrastis* has proved beneficial. A weak solution of Borax, or Bicarbonate of soda is sometimes used where the secretions are thick, plugs large, and adhere to the depressions in the bones. It is believed by many that local applications in the treatment of post-nasal catarrh are not only unnecessary, but are highly injurious, and tend to increase the trouble rather than to alleviate or cure it.

A strict observance of hygiene is of the greatest importance, and should be impressed upon the patient. Change of climate often renders great relief, and sometimes effects a radical cure.

In the treatment of this, as in every other disease, we cannot depend on any specific remedy, but must individualize every case, and find the drug most indicated by the symptoms. Amongst the most numerous remedies mentioned in homoeopathic literature for the treatment of post-nasal catarrh are the following, with some of their characteristic indications:

*Alumina*.—Scrofulosis coupled with chronic nasal and oral discharge; accumulation and flow of a thick yellowish matter from nose; nostrils ulcerated; sour smell from nose; pain in root of nose and in forehead; accumulation of tenacious mucus in throat.

*Anacard*.—Firm, tough mucus in fauces; raising it causes gagging and retching.

*Argent. nit.*—Flow of purulent matter mixed with clots of blood; ulcers in nose, with yellow scabs; catarrh, with constant chilliness; sneezing.

*Arsen. iod.*—Discharge of very irritating and corrosive watery mucus; fetid and corrosive otorrhœa.

*Asafoet.*—Carries of nasal bones, with very offensive smell.

*Aurum*.—Carries of nasal bones, with fetid discharge of greenish-yellow pus; salty tasting, watery discharge through posterior nares; nostrils closed with ulcers.

*Baryta c.*—Formation of scabs in posterior nares and behind the base of the uvula.

*Bell.*—Offensive smell as of herring brine, in nose, on blowing it.

*Berber.*—Left side, extending into the Highmorian cavity; purulent yellow or greenish discharge.

*Calc. c.*—Discharge thick and purulent; sometimes thin and watery; nose dry at night, moist during day; nose very offensive; nostrils ulcerated; usual *Calcarea* indications.

*Canth.*—Tough and bloody mucus drawn through posterior nares into mouth.

*Cinnab.*—Lumps of dirty yellow mucus are discharged from the posterior nares.

*Corall. rub.*—Profuse secretion of mucus through posterior nares, causing constant hawking; violent coryza; discharge resembling molten tallow; great dryness of mucous membrane of nose and throat; the inspired air feels cold.

*Crocus sat.*—Discharge from nose of tenacious, thick, dark black blood, with cold perspiration on forehead.

*Fluoric ac.*—Chronic nasitis; chronic obstruction of nose.

*Graphit.*—Inflammation of fauces and stoppage of Eustachian tubes; constant desire to clear nose and throat; bloody mucus flows from nose, alternating with expulsion of dry scurfs; discharge of thick, fetid mucus.

*Hydrastis can.*—Thick, tenacious discharge from posterior nares, dropping down into throat; nose bleeds easily; raw, excoriated feeling in the nares; ozæna, with bloody, purulent discharge. This remedy is also used as a local medication.

*Kali bich.*—One of the most frequently indicated remedies in chronic nasal catarrh. Yellow discharge from nose; periodical discharge of tough plugs from nose, tinged sometimes with blood; tough, stringy mucus; fetid smell from nose, worse in warm weather; ulceration of septum; the ulcers look as if excavated by a punch, and discharge plug-like scabs; on blowing nose sensation as if two bones rubbed together; aching pain at root of nose.

*Kali carb.*—Obstruction of nose, making breathing through nostrils impossible; better in open air; fetid, yellow-green discharge from one nostril.

*Kali iod.*—Discharge of greenish-black or yellow matter, of a foul or sickening smell; accumulation of tenacious mucus in nostrils; gnawing sensation in nasal bones; ulceration.

*Lachesis.*—Nose raw, bleeds easily; copious discharge of watery muco-pus and blood from nose, with violent headache; mercurio-syphilis; also in drunkards.

*Lycopod.*—Dryness of nose; periodical expulsion of elastic plugs; stoppage of nose at night; patient cannot breathe through nose, has to keep mouth open; much sneezing through day.

*Manganum.*—Dryness and stoppage of nose; raising easily yellowish or greenish lumps in morning from posterior nares.

*Merc. protiod.*—Constant dropping of mucus into pharynx; constant inclination to swallow; septum sore.

*Merc. vir.*—When the disease is complicated by syphilis. Trickling of mucus back into pharynx; swelling and ex-



coriation, itching and bleeding of nose; unpleasant odor, not fetid.

*Natrum ars.*—Dry, bloody crusts in nose; dropping of tough mucus from posterior nares; hawking up mucus from larynx, worse from dust, smoke, and cold; fauces feel dry on inspiration and deglutition.

*Natrum carb.*—Obstruction of nose; hard fetid clots come out of one nostril; thick, yellow, or green discharge from nose; coryza on alternate days.

*Natr. mur.*—Soreness of nose, with swelling of interior wings; nose feels numb on one side; severe fluent coryza.

*Natr. sul.*—Nostrils sore; discharge thicker than in *Natr. mur.*; yellow, and mostly from anterior nares; accumulation of mucus, particularly at night, with salty expectoration in the morning.

*Nitric ac.*—Fetid, yellow discharge; dirty, bloody mucus from posterior nares; nose obstructed; in syphilitic and mercurial ozaena; malar bones sore and painful; stitches in nose as from a splinter on touching it.

*Psorinum.*—Tough mucus in nose, feels like a plug there, nauseating, better when stooping; septum inflamed; cough and expectoration of yellow-green mucus; malar bones pain as if ulcerated.

*Pulsat.*—Discharge of thick, greenish, bland, fetid mucus; pressure at root of nose; stoppage of nose at night on going to sleep; ulceration of nostrils.

*Sabad.*—Hawking up of light reddish blood, coming from posterior nares.

*Sepia.*—Discharge of greenish, bloody mucus; ulcerated nostrils; stoppage of nose; violent epistaxis and blowing of blood from nose; ozaena; blowing from nose large lumps of yellow-green mucus or yellow-green membranes with blood.

*Silic.*—Painful dryness of nose; acrid, corroding discharge from nose; stoppage of nose; scabs and ulcers in nose.

*Spigelia.*—Mucus running from posterior nares into throat; oftentimes very freely; sometimes causes choking if not quickly hawked up.

*Sulphur.*—Boring in root of nose; chronic obstruction of nose from hard, dry scabs; yellow, sticky, strong-smelling fluid drops from nose; offensive smell of nasal discharge. Often useful in refractory or relapsing cases.

*Thuya.*—Chronic catarrh after measles, scarlatina, variola; offensive green or brown discharge, leaving stains.

The foregoing indications of a few of the remedies used for treating post-nasal catarrh should be considered in connection

with the other symptoms of the case, and not be used as key-notes. The totality of symptoms must be the guide for proper internal medication, and such local hygiene adopted as necessity demands.

#### TREATMENT OF CHRONIC CATARRH OF THE MIDDLE EAR.

BY CLARENCE BARTLETT, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

UNDER the name of chronic catarrh of the middle ear are included two distinct pathological conditions,—a secretory or moist catarrh, and a dry or proliferous form. The first is attended by an excessive secretion of mucus, the second by proliferous inflammation or hypertrophy of the mucous membrane. Both forms are attended with hardness of hearing, tinnitus aurium, subjective crackling noises in the ear when blowing the nose, and sometimes slight pain. The moist form is usually associated with throat troubles, the dry or proliferous form but rarely.

The recognition of these very different conditions is in practice a very important matter, as on the diagnosis the treatment depends. In the moist variety it is our endeavor to keep the Eustachian tube pervious, to restore the mucous membrane of the nose and throat to the normal condition, to remove any hardened secretions from the middle ear, and to adopt such hygienic measures as shall raise the standard of health of the patient. In dry aural catarrh, hygienic measures are of the first importance. As in the other form, the Eustachian tube must be kept free; but here it is a difficult matter, and in many instances an impossible one. The tympanum may be inflated either through the Eustachian catheter or by means of the method devised by Politzer. The catheter is particularly applicable to cases in which but one ear is involved in the morbid process. Patients are apt at first to object to its introduction. In some cases it may excite such an irritation of the nose and throat as to counterbalance all the benefit obtained from the inflation. Politzer's method of inflating the middle ear is easier of application than the one just considered, and is scarcely less effectual. Both ears are necessarily inflated at the same time. It should never be employed immediately after unsuccessful attempts at the introduction of the Eustachian catheter have been made, as the long-continued manipulation of the instruments may have lacerated the delicate nasal and pharyngeal mucous membranes to such a degree that the for-

cible introduction of air into the nose may drive it into the submucous connective tissue, producing emphysema. The frequency with which inflation of the tympanum should be practiced will vary with the form of aural catarrh with which we have to deal. In dry catarrh it can scarcely be repeated too frequently; in the other variety it must be done with discretion. While here it is of the greatest benefit when properly employed, its injudicious use will soon produce a distended and flaccid membrane.

Where the membrana tympani is very much sunken, and the Eustachian tube is open, repeated incisions into it will, by producing cicatricial contraction, overcrowd the depression. The application of collodion to the drumhead has also been recommended as a means of restoring to it its normal surface. Where examination reveals the presence of inspissated mucus within the tympanum our efforts should be directed towards ridding that cavity of its abnormal contents.

To effect this an incision should be made into the membrana tympani. The middle ear should then be syringed gently. Forceful syringing has been recommended. The syringe then employed has its nozzle furnished with a rubber tip, so that when it is introduced into the auditory meatus it fits snugly. Water is then forcibly driven into the middle ear, in the expectation that it will escape into the throat by way of the Eustachian tube. As the latter is in many of these cases more or less obstructed, there is great danger of the water being forced into the mastoid cells, and there setting up an active inflammation.

Attention should be directed towards the condition of the nose and throat. A chronic nasal catarrh will, by obstructing the nasal passages, eventually produce hardness of hearing. During the first part of the act of swallowing, the nasal cavity and the upper pharyngeal space are shut off from the pharynx below. In the last part, the bolus of food descends, and, by the suction thus produced, exhausts the air from the nasopharyngeal space. If the nasal passages are free, the air will be replaced by that outside. If, however, an obstruction should exist, air is also drawn from the tympanum, producing an abnormal tension of the membrana tympani. The malleus is drawn backwards and the stapes is pressed against the fenestra ovalis. This condition long continued results in an ankylosis of the stapes in its abnormal position, and hardness of hearing follows. Treatment of the nose and throat becomes therefore a matter of the greatest importance. Mouth breathing



must be avoided. Smoking should be prohibited. The throat should be gargled night and morning with cold water. This last procedure is very effectual in eradicating a tendency to throat difficulties. A very excellent application to the nasal mucous membrane in case of chronic catarrh is a mixture consisting of one drachm of finely pulverized Boracic acid and two ounces of liquid Cosmoline. The Boracic acid is only held in suspension, so that the mixture should be well shaken before using. It is used either by the patient drawing a small quantity through a tube into the nostrils and back to the posterior nares when it is expectorated, or it is introduced into the posterior nares by a post-nasal syringe.

When the orifice of the Eustachian tube is completely obliterated, and we have no hopes of restoring it, incisions into the membrana tympani will be followed by an improvement in the hearing. Unfortunately the wound heals very rapidly. Very ingenious methods for keeping a permanent opening in the membrana tympani have been tried. Politzer devised an eyelet which was inserted into an opening in the membrane, but this fell into the middle ear and excited a severe inflammation. The application of Sulphuric acid to the drum has also been recommended. Although this makes a very large opening, a new membrane will be produced in the course of a few months.

The remedies for chronic aural catarrh are those for post-nasal catarrh. Among these, the Nitrate of sanguinaria heads the list. It is indicated where there is an excessive production of mucus in the nose and throat. It is most effectual when used in the third decimal trituration, three doses of about four grains each to be given daily.

*Hydrastis* is of use in the moist form of catarrh, where there is a dropping of mucus from the posterior nares with tinnitus aurium.

While no remedies give much promise of result in the profuse aural catarrh, we would expect to obtain the best results from *Hepar*, *Conium*, and *Kali hydriodicum*. Indications for the different remedies will be found in our textbooks on therapeutics.

#### DISCUSSION ON NASAL CATARRH AND OTORRHOEA.

BY THE PHILADELPHIA COUNTY HOMOEOPATHIC MEDICAL SOCIETY.

REPORTED BY C. BARTLETT, M.D.

DR. BIGLER: In selecting this subject for our bureau report, it was our intention to learn from each member of the profession with what amount of benefit his treatment of chronic

nasal and aural catarrh had been attended. There are members of the Society who never use local applications. We would like to bring out whether or not purely medicinal means are sufficient to eradicate the disease.

DR. KORNDORFER: I have often noticed that when a paper is written on the subject of nasal catarrh, the indications given are always the same. The same remedies are repeated, with the same indications and the same result—failure. During my early practice I followed this leading and began to think success impossible. Then I determined upon a new departure, to prescribe according to the indications and give the remedy, whether it was one recommended for nasal catarrh or not. Among the first such remedies that I applied was *Theridion*. This I was led to almost empirically, yet on careful survey of the symptoms I found that it had a marked effect on the nasal tracts. The case was that of a gentleman whom I had been treating unsuccessfully for a year past. I prescribed the remedy in the thirtieth. I tried the usual plan of giving the remedy a few days and waiting,—without result. I then applied it in frequent repetition, and at the end of a week I found appreciable improvement. What had before been a greenish-yellow discharge was rendered whitish and thick, and freed from its excessively offensive odor. By continuing the *Theridion* for about ten weeks longer, the case progressed towards a cure. Several times did the patient stop treatment, when he suffered from relapses causing him to resume again. Finally he was cured, and has remained so for a period covering six years. Another remedy rarely used in nasal catarrh is *Spigelia*. The patient to whom I first gave the remedy had been under homœopathic treatment for years. The only symptom complained of was an almost clear or milky white, quite fluid discharge from the posterior nares, and annoying him very much when talking. There was little offensiveness. In addition to this the patient complained of head symptoms which were those of *Spigelia*. From ten days' use of the drug the patient said he had received more benefit than he had during the past two years. In ten weeks he was cured, and has remained so now for two years. I would warn against giving *Theridion* too low or too infrequently.

DR. MOHR had had too few cases of chronic nasal or aural catarrh, especially of the latter, to speak at all authoritatively. Still, he had cured some cases, notably one of nasal catarrh, with *Belladonna*. The case had existed about two years; remedies selected according to the local manifestations failing

to benefit. Measles supervened, during which *Bellad.* was given as indicated. After the subsidence of the eruptive fever, the chronic nasal catarrh never bothered the patient. Now some may claim that measles, and not *Bellad.*, cured the case, but, be that as it may, it had taught him a lesson, and since that time he had considered the local expressions of minor importance to the constitutional symptoms, and now adapts his remedies to the latter, mostly with good effect. In the way of local applications he uses *glycerine* when there is excessive secretion of mucus, because of its desiccating effect. Whether due to the superiority of homœopathy, or whether it had been his "luck," he had not been compelled to send cases of chronic aural or nasal catarrh, following the eruptive fevers, to the specialist. In his practice but few protracted cases had been noticed, and yet all know how often these fevers are followed by the catarrhal diseases under discussion. Homœopathy applied in its purity seemed to him to answer the needs of most cases. Of course, there are cases which homœopathic treatment, carefully given, will not cure, but why homœopaths should resort to allopathic expedients he did not know, as allopaths did not show any better results in inveterate cases than do we.

DR. J. C. GUERNSEY believed that if in any case of the exanthemata, sequelæ, such as otorrhœa and nasal catarrh, follow, the physician has not cured his case. Old-school authorities look upon the sequelæ as a matter of course. If a homœopathic physician is unfortunate enough to have a case of scarlatina or measles followed by nasal catarrh or otorrhœa, he has not treated his case properly. Dr. Guernsey asked the Society if any member had observed the following symptom under *Lycopodium*. In a case of nasal catarrh, thick, large, and dry clinkers were lodged high up in the nasal cavity, causing pain there, and also when they were discharged. Under *Lycopodium* 100,000th and 1,000,000th the clinkers became fewer and smaller, and were dislodged with more ease.

DR. FARRINGTON agreed with Dr. Korndorfer as to the necessity of the repetition of the dose in the treatment of nasal catarrh. If in any case a constitutional disease localizes itself, it is unwise to select the drug by the local symptoms. He had a case of a lady which resisted medical treatment. Finally a word which she dropped led him to suspect uterine ailment. An examination revealed a retroflexion of the uterus, which was overcome, and the case progressed rapidly towards a cure. He had also had cases in which the disease had been kept



alive by gastric difficulties. Some of the new drugs mentioned in *Allen's Encyclopedia* give promise of usefulness in nasal catarrh. Among them he would mention, *Ammonium mur.* and the *Sinapis alba*. *Ammonium mur.* is indicated where one nostril is involved, with excoriating discharge or thin discharge, with burning and rawness, persisting for months and years. The nose becomes more stuffed up at nights and the trouble is aggravated by exposure to the cold air. *Sinapis alba* has also proved successful.

DR. McCLATCHEY had for years been very unsuccessful in the treatment of nasal catarrh. But since he has adopted some new remedies and some new methods he has been more successful. He had used the *Nitrate of sanguinaria* quite extensively, and looked upon it as the remedy *par excellence* for nasal catarrh. It seems to combine in its effects those of Nitric acid and of *Sanguinaria*, both of which exert a powerful influence on the nasal passages. Along with this remedy he employed inhalations of Carolina tar with equal parts of wood naphtha. It has a similar "unloading" effect to that obtained from the application of a dossil of cotton soaked with glycerine to the uterus. The inhalations increase cell proliferation. At first there is an increased discharge, but gradually we bring about a decrease of the inflammation and of the cell production. Senega is another good remedy, when given under the symptoms recorded in *Allen's Encyclopedia*. If it be true as Dr. Guernsey asserted, that the homœopath should not have sequelæ follow the eruptive fevers, then he (Dr. McClatchey) held himself blameworthy. He had had them. He cried *mea culpa*.

DR. MORGAN alluded to Ferrum and Belladonna as remedies for nasal catarrh. The characteristic symptom for the former is a dropping or trickling of mucus anywhere from the frontal sinus to the pharynx. Belladonna comes into play when Ferrum has ceased to act,—supplements it. While Ferrum acts on the peripheral nerves, Belladonna acts on the centres. One reason why local applications disappoint, is on account of their being used at too low a temperature. They give a shock which aggravates the complaint. A douche of pure warm water is the best for cleanliness. Dr. Morgan was in the habit of recommending patients to keep the region of the head, embraced by the scalp and forehead, well protected. He calls this "the catarrhal region." He believed that the patient should breathe through the mouth, and have the air warmed in the lungs before being expired through the nose.

In cases of purulent discharge from the ear, nothing serves so well as an injection of equal parts of warm milk and water.

DR. MOHR in his student days had a patient with an aural difficulty. The patient had had gonorrhœa, and prior to this had been treated more or less for deafness and post-nasal catarrh coming on after one of the eruptive diseases of childhood. In the right ear was a polypus, which he removed. *Thuja*<sup>30</sup> was prescribed internally, and a weak solution of the tincture applied locally. The removal of the polypus was not followed, as had been expected, by better hearing; accidentally, however, it was discovered that when cotton was pushed well into the ear against the membrana tympani, the patient heard very well. Dr. Peter Allen, an English aural surgeon and others, report cases of deafness improved by this means, and he infers that pressure upon the membrane is required to support the ossicles, which probably become disconnected during the bygone purulent inflammation.

DR. C. M. THOMAS arose to return thanks to Dr. McClatchey for the humble confession he has made as to the results of his treatment of cases of eruptive diseases. When Dr. Guernsey made his statement as to the attainable results of homœopathic treatment he was shocked, for while in his own practice he had not had many cases of scarlatina or measles, he had had many cases of aural and nasal catarrh following these diseases sent to him by other physicians, most of the cases having been first treated homœopathically by the family physician. After listening to the discussion, he was at a loss to account for this. The treatment may not have been homœopathic after all, or he may have been mistaken in his diagnosis; the patient may not have had any aural or nasal discharge. Dr. Thomas would like to have Dr. Morgan's recommendation of a nasal douche of pure water reconsidered. Pure water is a great irritant to the nasal mucous membrane. This irritating property is lost when a small quantity of salt is dissolved in the water. The object of mixing the salt with the water is not to obtain any medicinal effect, but to overcome the irritating qualities of the water, so that it may be used as a cleaning agent.

DR. MORGAN: Why, then, is not the injection of water into the middle ear irritating?

DR. THOMAS: It is not the mucous membrane of the pharynx nor of the middle ear that is so sensitive to water, but only that of the nasal cavity, especially that on the upper turbinated bone.

DR. MOHR uses hot water in post-nasal and pharyngeal catarrhs, because it is irritating, just sufficiently so to stimulate the mucous membrane to more healthy action. It must not be continued too long.

DR. MORGAN: I would like to ask Dr. Thomas what he thinks of the value of injections of warm milk and water into the nasal cavity?

DR. THOMAS had had no experience with it, but he supposed that it might be a useful cleansing agent.

DR. GUERNSEY still held to his first position, that, after scarlatina and measles, the homœopathic physician had no right to expect sequelæ, such as nasal or aural catarrh. Other physicians who practice *pure* homœopathy bear the same testimony. If a child has syphilis or scrofula it is to that extent incurable. He would like to know if Dr. Thomas could fasten any of the cases he alluded to, to *pure* homœopathists?

DR. THOMAS said that he could. He had had numerous cases from leading men in the profession,—men who claimed to practice pure homœopathy. He also had had cases treated by leading physicians who were not ranked amongst the purists.

DR. GUERNSEY did not claim to be infallible. If he should have any sequelæ following an eruptive fever, he should still say that the case had not been treated properly. He still held to his first position.

DR. DUDLEY'S experience had been that chronic nasal and aural catarrhs do not frequently follow scarlatina and measles; but, then, his experience had been a peculiar one in some other respects. For instance, what physician could go through a practice of twenty years, and have only one case of twin birth? With regard to the question as to whether or not the patient should breathe through the nostril in chronic nasal catarrh, we all know that nasal inspiration carried on with the nasal passages partially obstructed by a hypertrophied mucous membrane, must have the effect of exhausting the air from the post-nasal and pharyngeal cavities, and so—acting on the principle of the cupping-glass,—must favor congestion and inflammation in those parts. Under this view, many specialists insist upon the extirpation of the hypertrophy as a preliminary to any other treatment, local or constitutional.

DR. MORGAN suggested that in cases where otorrhœa or nasal catarrh were reported to have come on after the exanthemata, the catarrh or otorrhœa may have really existed for years before the eruptive disease, or it may have developed



long after convalescence, and hence not to be attributed to bad treatment, nor to a failure of homœopathy to prevent such sequelæ.

## Miscellaneous Contributions.

### HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

REPORTED BY C. MOHR, M.D., SECRETARY.

THE regular monthly meeting was held on Thursday evening, November 10th, 1881, Dr. W. B. Trites in the chair, and the minutes of the October meeting were read and approved.

The Censors reported favorably on the applications of Drs. W. B. Van Lennep, F. E. Caldwell, and F. O. Gross, and thereupon these physicians were duly elected to membership.

The Committee of Conference on Blockley Hospital, through Dr. A. R. Thomas, chairman, reported progress.

The Committee on Library and Reading-room, Dr. J. C. Guernsey, reported as follows :

"Your Committee on Library and Reading-room takes pleasure in reporting still further and most satisfactory progress. During the last month the various delegates, as before stated, have held frequent meetings, at which they have chosen such temporary officers, directors, and committees as were necessary to perfect an organization. They have also drawn up a constitution and by-laws for submission to the profession, a copy of which, together with a circular urging an immediate application for membership in the Association, has been sent out to every homœopathic physician in Philadelphia and Camden. The question that has involved the most careful consideration has been the selection of a room, which will be suitable for our purposes, and of as nearly central location as possible.

"Communications have been received from several smaller organizations tendering us the loan, in some cases, and in others the gift, of medical journals, books, etc. Notably in this connection is the Philadelphia Clinical Society, which tendered for the use of the reading-room the loan of nine valuable medical journals,—comprising bi-weeklies, weeklies, monthlies, and quarterlies. It is expected that the College will still further add to this stock.

"Some expense has been incurred in printing, postage, advertising, etc. To liquidate this outlay, and that the Association might enter upon its career untrammelled by any debt, the various clubs—Hahnemann, Hering, Bœnninghausen, and Philadelphia Clinical Society—have contributed five dollars each ; as this County Society is so much larger an organization your delegate hopes that a sum at least twice as large will be contributed.

"As soon as the room is in proper order due announcement will be made, and the profession invited to visit and inspect the same. It has been determined to open the room in about two weeks by holding a reception, on which occasion the profession and our friends generally will be invited to come and to bring such books, periodicals, etc., as they may feel inclined to contribute. Many physicians, no doubt, have some extra books or duplicates which they would be willing to donate to the Association.

"Ladies and Gentlemen, we who have been earnestly working to establish this library and reading-room beg you to indorse the movement by yourselves becoming members *at once*, and by urging all your friends to do likewise. The want of this very organization has long been felt in Philadelphia, and now our desire is to be gratified. We are to have rooms centrally located, where we can drop in at any hour of the day or evening and enjoy unrestrained social intercourse; where we can become thoroughly conversant with all current medical literature, both of books and periodicals; where we may daily compare notes with each other on prevailing diseases and topics of interest in general. We feel the project must forcibly commend itself to your most favorable consideration. We beg you to enter your names on the application list at once,—even this very night. At the conclusion of this evening's business the proper officers will present the list."

Report accepted, and on motion of Dr. C. Mohr, an order for ten dollars was drawn to donate to the Library and Reading-room Association.

The committee appointed to consider the subject of the unsanitary condition of Philadelphia, consisting of Drs. J. C. Morgan and W. H. Bigler, reported through the chairman, that in their opinion, no influence of theirs could essentially alter existing evils in the present state of the laws. They, therefore, concluded that an inquiry into the causes of said evils, with suggestions as to the remedies adapted to their removal, was the only plan worth adopting. The report of the committee goes on to say:

"The chairman of the Finance Committee of City Councils, Mr. Henry Clay, was seen at the committee-room. We witnessed his advocacy of an appropriation to the Board of Health, overruled, however, in favor of an appropriation for the repair of Market Street bridge, moved by a member from the (at present) most afflicted ward in the city in respect of the prevalence of small-pox. This latter gentleman declared himself in favor of vaccination, and the other purposes of the Board of Health, but remarked that 'the repair of the bridge is a matter that must be attended to at once; it won't keep; but this health-office appropriation can be attended to hereafter,—*it will keep*.' His opinion, almost unanimously adopted by the whole of the Joint Committee on Finance, illustrates the inertia of our city fathers, and probably of our citizens generally, on the subject of public hygiene. The result is worse, in that the money thus given to bridge-building had been already planned to be given to the Board of Health,—who are at this moment minus the funds even for postage.

"We also called upon Mr. Baldwin, Chief Commissioner of Highways. The same courteous frankness, which has met us everywhere else, characterized our reception by this officer. He locates much of the difficulty in city sanitation in a too great division of responsibility. Thus, suppose the Board of Health shall receive a complaint of a defective sewer. The inspector of the district examines it, and confirms the complaint; the Board notifies the Commissioner of Highways; the Commissioner notifies the Survey Department (*i.e.*, the Engineering Board); the latter furnishes plans and specifications for the work; then the Commissioner of Highways advertises for proposals, or bids, for executing the same, and, finally, awards the contract, as required by ordinance of Councils, to the 'lowest bidder,' regardless of all other qualification, or want of qualification. This done, the con-

tractor's performance of his duty is determined, not by the Board of Health, nor by the Engineer or Survey Department, nor by the Commissioner of Highways, but only by the district surveyor, an officer elected directly by the people. Then the Commissioner issues his warrant; this is countersigned by the City Controller, if approved, and it is paid by the City Treasurer, provided there is any appropriation for such purposes. Such is our Philadelphia system of circumlocution.

"Secondly, Mr. Baldwin finds great practical difficulty in the lack of funds, and says truly, without doubt, that we have, at this moment, the *cheapest* system in the United States. He has the care of six hundred miles of streets, and asked for an adequate appropriation,—upwards of \$100,000. Economy was the paramount thought in the City Councils, and he was asked if he could not make half the sum answer. He replied, that with it he could patch the streets, but not properly keep them in repair. Councils voted him the \$50,000; only three contracts were made, and but \$22,800 have been expended this year for repairing the paved streets of the entire city. He advertised for bids. Evidently the idea of 'patching' was understood by the bidders, for their proposals, in the aggregate, amounted to but \$25,000! Delinquency was inevitable; but the Commissioner, created by the City Councils, was practically *obliged* to reject higher and more responsible bids, notwithstanding a *State law* specifies that contracts shall be given to the 'lowest and *best* bidder.' It thus appears that municipal authority is here in direct conflict with that of the State."

The committee then allude to the disgracefully filthy condition of the streets, tracing the cause to the utter inadequacy of the appropriation made to the Board of Health for the purposes of street-cleaning and the abatement of nuisances. Delinquencies followed as a matter of course, a majority of the street-cleaning contracts were annulled, and the Board was left without funds to carry on the work. The committee, therefore, assert that:

"From all the above facts it is evident that the responsibility for streets unrepaired and uncleaned, nuisances unabated, and disease running riot, lies not with the Health Board or the Street Commissioner, but at the doors of the city legislature in the first place, and, of course, ultimately belongs to our citizens themselves, who, by false ideas of economy, impose upon Councils the necessity for parsimonious legislation.

"Another cause of local filth accumulation is to be found in the great number of avenues of the kind known as 'tramway' streets,—narrow passages paved with cobble-stones and with flat-stone gutters, constituting efficient traps for the retention of all kinds of noxious matters in defiance of scavengers. Again, the streets are constantly being put out of repair by the operations of the Gas and Water Departments, not less than 20,000 such breaks occurring every year, and constituting causes of filth accumulation. A third cause is the failure of property-owners, when notified, to re-set their stone curbs, which frequently overhang the gutters to such a degree as to make it impossible to clean them. The department is powerless to enforce its orders in this respect, first, because it is left without funds to carry on litigation, and, secondly, because the properties are so heavily incumbered as to render the claim of the contractor uncollectable.

"Concerning sewers and sewer-gas the Commissioner is convinced that a great mistake prevails in many minds. He says, emphatically: '*I know*, personally, that the sewers are clean. It is true, however, that bad odors do emanate from the inlets; but they are *not* due to sewer-gas, properly so



called. They arise from the leaky gaspipes, and the bad smells are those of our illuminating-gas, transmitted, as it is, through many miles of rusty and defective iron pipe.

"This statement of Commissioner Baldwin is supported by the fact that all the sewers are regularly flushed by hose; many private observations add force to it; and it is corroborated by Mr. Allison, a member of the Board of Health, who was also present on this occasion. A complaint of sewer-gas in the Twenty-seventh Ward was examined by Mr. Allison in person, and found to be based on leakage of illuminating-gas, which had also killed all the trees on the side of the street most affected, as well as the plants in neighboring gardens.

"At the office of the Highway Commissioner we also had the pleasure of meeting Mr. Rudolph Hering, assistant engineer of the Survey Department, and son of our departed friend, Dr. Constantine Hering. Mr. Hering was, indeed, in conference with the Commissioner on this very subject of sewage, having just returned from an official tour of Europe, in which he has made thorough investigation of the various systems in use. His journey was undertaken under the joint auspices of his department and of the National Board of Health, and he returns fully prepared to accomplish the needed reforms, provided a liberal policy shall furnish the funds."

The committee here enter into a consideration of the details of the policy by which the Board of Health is governed and restricted by City Councils. We cannot give in full this portion of their report, because most of it is of medical interest only indirectly. It may be sufficient to say that in some of its particulars a more absurd and childish policy could scarcely be devised. It should, however, be mentioned that the work of free vaccination, in presence of numerous cases of small-pox, has come to a standstill for want of the necessary funds, and Councils refuse or neglect to provide for the deficiency.

Under the head of "ways and means" for remedying the present disgraceful condition of the city, the committee say:

"Those citizens who have watched the history of the Public Buildings Commission, created under State law, with plenary powers to obtain money appropriations by Councils, will naturally think that of all public departments the health office has a paramount right to be again vested, as formerly, with such powers. Such is decidedly the opinion of your committee. That department has done nobly with the pittance granted it,—about one-third of its most economical estimates. The *personnel* of the Board is above reproach, and all accusations of maladministration must fall to the ground in view of the facts. It is held in leading-strings by Councils and by the people. These should be promptly cut; then, with hands free, it will be time enough to hold them to strict account for the performance of public work and the expenditure of public money. The appropriations to this department should be increased without delay, and the apparently large sum asked for will be paltry enough compared with the size, population, and wealth of the city and its needs. The *penalties* of fine and imprisonment, impending over the health officer in case he incurs necessary expenses in abatement of nuisances beyond the limits of such deficient appropriations as now prevail, should be removed as soon as the action of the legislature can be had. Health-office contracts should be excepted from the requirement of law which compels the Board to let them to the *lowest* bidder, regardless of the probability, or even certainty of failure by the contractor.

Street-cleaning contracts should be for three years instead of one, in order that costly apparatus may become remunerative by continued employment. 'The laborer is worthy of his hire.' Public as well as private peculation is provoked by bad pay. Honest remuneration is true economy. . . . . The State legislature should be memorialized on these points; also, to make vaccination (with pure and sound non-humanized virus) compulsory, at least so far as the duty of the city authorities is concerned in the offer of free vaccination at the expense of the city, to all. The recent statement of Dr. Buchanan, government medical officer at London, shows a mortality among unvaccinated adults of 3350 per million; children under five years, 5950 per million. Vaccinated adults, 90 per million; and children, 40½ per million. Its value and importance are hence seen.

"The Board of Health should, when Councils fail to appropriate for this purpose, be legally empowered to issue, with discretion, warrants for services; and this power might be extended to all other matters so nearly concerning the health and life of our people, which warrants should be a firm obligation of payment by the city treasury."

In concluding their report the committee suggest, that a possible remedy for the unsanitary condition of the city is to be found in a reorganization of the Board of Health, including in its membership representatives from Select and Common Councils, and the Highway, Survey, Water and even the Fire Departments of the city government; this board to have plenary power, both as to public sanitation itself and as to the use of necessary funds. They further suggest that common honesty, self-respect, and self-protection alike demand that the members of the Board should no longer be expected to perform valuable services for the city without due compensation.

The report was accepted, and on motion of Dr. R. J. McClatchey, a vote of thanks was tendered to the committee for the able manner in which they had performed their duty.

Dr. C. M. Thomas, chairman of the Bureau of Surgery and Clinical Surgery, reported the composition of his Bureau as follows: Drs. W. C. Goodno, John E. James, W. B. Trites, and W. B. Van Lennep.

Dr. R. J. McClatchey, chairman of the Bureau of Zymoses and Dermatology, reported that the subject the Bureau would present for discussion at the December meeting would be the "Pathology, Diagnosis, Complications, and Treatment of Malarial Fevers."

The following letter was presented by the Secretary, viz.:

ALLEGHENY CITY, PA., October 27th, 1881.

TO THE HOMŒOPATHIC MEDICAL SOCIETY OF PHILADELPHIA:

In accordance with a provision in the by-laws of the Homœopathic Medical Society of Pennsylvania, I hereby extend to you an invitation to prepare a paper on some medical subject, to be presented to that society at its annual meeting in September, 1882.

In behalf of the society allow me to thank you for your ready compliance with similar invitations on previous occasions.

Yours respectfully,

R. E. CARUTHERS, M.D., *Cor. Sec.*

On motion of Dr. C. Mohr the invitation was accepted, and Drs. W. B. Trites, W. H. Bigler, C. R. Norton, B. F. Betts, and J. C. Guernsey, were appointed a committee to prepare a paper on behalf of the Society.

Drs. P. O. B. Gause and W. C. Powell, Jr., applied for membership. Referred.

The report of the Bureau of Ophthalmology, Otology, and Laryngology was next in order, and Dr. W. H. Bigler, chairman, reported the following papers, which were duly read and accepted for publication:

a. A Proposed Classification of Diseases of the Middle Ear, by W. H. Bigler, M.D.

b. Treatment of Chronic Catarrh of the Middle Ear, by D. Bartlett, M.D.

c. Nasal Catarrh, by W. K. Ingersoll, M.D.

d. Treatment of Post-Nasal Catarrh, by Levi J. Knerr, M.D.

A discussion ensued, at the conclusion of which Dr. C. Bartlett was appointed chairman of the Bureau of Ophthalmology, Otology, and Laryngology for the ensuing year. Adjourned.

#### THE AMERICAN INSTITUTE'S PROVINGS.

NEW YORK, November 22d, 1881.

#### TO THE HAHNEMANNIAN MONTHLY:

I desire to express my surprise and great regret at the non-publication of the day-books of the provings in the *Transactions* of the American Institute of Homœopathy, just issued. The artificial schema is of very slight value in studying the drug. Surely the *Transactions* is just the place to publish the full record of the provers.

T. F. ALLEN.

BACK NUMBERS WANTED.—Our Business Manager would like to procure copies of the January, August, and September, 1880, numbers of this journal, to complete sets. Will those who may have one or more copies extra, please address B. W. James, M.D., Northeast corner 18th and Green streets, Philadelphia.



THE  
HÄHNEMANNIAN  
MONTHLY.

A HOMŒOPATHIC JOURNAL OF  
MEDICINE AND SURGERY.

*Editors,*

E. A. FARRINGTON, M.D.      PEMBERTON DUDLEY, M.D.

*Business Manager,*

BUSHROD W. JAMES, M.D.

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Vol. III.

Philadelphia, Pa., December, 1881.

No. 12.

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The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

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Editorial.

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THE PLEA OF INSANITY.—Under whatever light we may view the premature taking off of President Garfield, it seems like an unmixed and unmitigated calamity. The value of his life and work, exhibited during an honorable and useful public career, the ennobling influence of his private character as made apparent during the long conflict between life and death, the mighty responsibilities that lay upon him, the questions of public policy likely to be well solved by his administration, all combined to awaken the deepest interest, among enlightened people, in the issue of the desperate struggle. Even the Christian sentiment of our people has not prevented them from doubting if any good to anybody could come directly or indirectly from the assassin's shot.

The counsel engaged in defending the murderer has repeatedly said that if his client is insane he ought not to be punished. A large proportion of the public, and, we regret to say, not a few physicians also, seem prepared to accept this proposition without questioning the significance of the term "insane." Yet

it is well known that jurymen, like other ordinary people, and even alienists themselves, hold very diverse opinions as to what is required to constitute insanity, and the great mass of people have no positive opinions whatever upon the subject. In this state of affairs it becomes interesting to learn just what insanity is, in the opinion of the prisoner's counsel; and since he has given no definition of the term, we must learn it from the character of the testimony he is introducing in his client's behalf.

Some of our modern alienists, indeed most of them, in treating of mental disorders include all unusual—not to say abnormal—mental phenomena occurring not only in connection with actual disease, but also many which apparently hold no such morbid relation. Yet no one of these authorities would venture the assertion that under this extremely broad definition the boundaries of sanity and of responsibility are identical. It is plain, however, from the remarks let fall by the assassin's counsel, and from the line of his defence, that he hopes to delude the court and jury, and of course the public also, into the conclusion that his client is not responsible, simply because, by a severe straining of terms, his follies and his crimes may be taken as evidence that he has a "screw loose" in his upper story, or that a shingle rattles when the wind blows.

If a mere exaggeration or predominance of one or more of the lower and baser qualities of a man's nature constitutes insanity, then a predominance of the higher and nobler functions must be similarly regarded. If excessive egotism, selfishness, malice, revenge, dishonesty, etc., be signs of insanity, so are unusual benevolence, charity, honesty, patriotism, reverence, and the rest.

It would seem that in a medical journal there ought to be but little need to discuss the sanity or the insanity of Garfield's murderer. If a sublime degree of egotism, a passion for notoriety, a furious temper, a vindictive spirit, or a settled determination not to earn an honest living,—if any or all of these constitute insanity, then surely is he insane. But then we must also attribute insanity to every revengeful fury, every self-conceited jackass, every lazy loafer, and every dirty dead-beat in the land. If, on the other hand, these do not make up the phenomena of insanity, what other evidence have we that Guiteau is not as sane as any of us? Can any thoughtful physician accept as evidence the culprit's own statement of an inspiration from the Deity, or the carefully considered antics

which he cuts in the presence of the court and jury,—evidence which any sharp criminal can manufacture at his own pleasure?

The matter of his responsibility is even more easy of solution. His crime is a palpable, definite, emphatic violation of a just, wise, and necessary law of society. The essence of his crime he fully understood when he committed it, and all his conduct proved that he did. He knew that he was outraging the sentiments of the people, and that he had just cause to dread their summary vengeance, for he took care to guard himself against it. He knew that his act was wicked, for he began immediately to make excuses for it, and to throw the blame upon some one else. But the strongest evidence of all is found in the fact, that, when a similar act is attempted against his own person, he has not the slightest difficulty in appreciating its enormity. Here, at any rate, his perfect ability to distinguish between right and wrong, to understand the moral relation of a criminal act, and to appreciate its penalties, cannot be doubted.

If the great public who supply our jurymen are ever to understand the difference between the mental states which do and those which do not constitute irresponsibility, the medical profession, acting in conjunction with the bench and the bar, must furnish the needed instruction. And if the trial of the utterly worthless wretch, now going on in Washington, shall lead to greater care, and to the assumption of a higher and safer ground, on the part of our courts in dealing with somewhat similar cases, it will seem like some small compensation for the mighty ill which befell our nation and the world when President Garfield fell a victim to a dastard's revenge.

THE HOMŒOPATHIC LIBRARY AND READING-ROOM of Philadelphia will be opened probably before this reaches our readers. It will "supply a want long felt"—that is, if it be properly sustained. All the homœopathic organizations of the city were consulted in reference to its establishment, and a large proportion of the profession is evidently interested in making the movement successful. The library will, of course, need a vast amount of aid during its infancy,—aid in the shape of money, books, periodicals, etc., and aid in the form of moral support. If all of us will do just half as much as we can in furtherance of the enterprise, its brilliant success will be speedily assured. The rooms will be in the new building, north-east corner of Thirteenth and Market streets.



DR. TALCOTT'S LECTURES ON INSANITY, which are being delivered before the class of Hahnemann Medical College, are exciting a good deal of interest among Philadelphia physicians, and quite a large number of them are availing themselves of the opportunity of hearing them. Four of the ten lectures have been already given. The remaining six will be given as follows:

Wednesday, December 14th, at 8 P.M. Subject: "Mania."

Thursday, December 15th, at 9 A.M. Subject: "General Paresis."

Wednesday, January 18th, at 8 P.M. Subject: "Dementia."

Thursday, January 19th, at 9 A.M. Subject: "Prognosis in Insanity."

Wednesday, February 15th, at 8 P.M. Subject: "Treatment, Moral, and Hygienic."

Thursday, February 16th, at 9 A.M. Subject: "Treatment, Medical."

All physicians have a standing invitation to any or all of these lectures.

ORGANIZATION OF SOUTHERN HOMŒOPATHISTS. — On another page we present a circular letter from one of our brethren residing in Florida, proposing a convention of the homœopathic physicians of the South, for the purpose of forming an organization similar in character and objects to the Western Academy of Homœopathy. We have no knowledge of the movement, except that contained in the circular, but the project will surely commend itself to the favor and elicit the best wishes of homœopathic physicians all over the country. Our system of practice is as yet unpopular in many sections of the Southern States, and numerous and large tracts of territory have never yet known the blessings of our law of cure. Our long-headed business men unite in the opinion that to the whole South there is opening up the promise of a brilliant, prosperous, and powerful future. The growth of homœopathy must keep pace with that of other interests, and her sway should be extended as rapidly as possible, until it embraces every county, and town, and village. It would seem reasonable to expect that the work of thus bringing the whole territory under the influence of homœopathy can be best effected by Southern men,—men who know the land and its people. Perhaps one of the most important preliminaries to this work will be the formation of a compact and determined organization of our practitioners, whose power and influence can be made effective,

where that of a single individual could avail but little, while an annual, or perhaps a semi-annual, exhibition of its strength will do much to inspire and increase public respect for and public confidence in individual practitioners. This journal is doubtless echoing the sentiment of all its readers in wishing the enterprise and those engaged in it the largest measure of success.

AN ERROR.—In our last number we mentioned the price of the *Transactions* of the International Homœopathic Convention as sixteen shillings. It should have been one guinea (the same as the cost to members of the Convention), with sixteen pence extra for postage.

### Notes and Comments.

NO DANGER.—The port of Malaga was recently quarantined against Philadelphia, because of the alleged presence of cholera therein. The Philadelphia health officer and the president of the Board of Health have united in a statement that no case of the disease has appeared in the city or port of Philadelphia during the past year.

DIPHTHERITIC BACTERIA.—“A physician of Buffalo, Dr. ROLLIN R. GREGG, has attacked what he calls ‘the great bacteria fallacy,’ maintaining that the so-called micrococci in the diphtheritic membrane are in reality granules, fibrils, and spirals of fibrin. It appears that he has written a book on the subject, which, however, we have not seen. From some expressions in the reprint sent us, we judge him to be one of the ‘independent’ schools of medicine. At any rate his views deserve consideration.”—*Medical and Surgical Reporter*, November 12th, 1881.

“A REGULAR PHYSICIAN” is hereafter to be defined as “a graduate of a regularly chartered medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides.” This is the definition adopted by the American Institute of Homœopathy at its last session, and the only one ever given by any authoritative body of physicians. Why should not all we, who respect the authority which adopted it, begin at once to recognize it practically in all our writings and conversation, and never allow ourselves henceforth to restrict the term “regular” to the adherents or practice of any one school. If our journals, books, and college announcements will inaugurate the work, it will soon spread amongst our practitioners, and thus make our definition effective.

### New Publications.

THE CHILD OF PROMISE; OR, THE ISAAC OF MEDICINE AND ISHMAEL, THE HALE BROTHER. Being a Comprehensive Glance at the Instincts and Predilections of the Rival Schools of Medicine. By William Mellen Cate. Published by H. B. Burnham & Co., Washington, D. C.

This is a well-written book, which presents a history of medicine from the remotest times to the present day. In this history the author treats of the

ancestry of the "rival schools," and then compares the two, guided by knowledge both of past and present.

Some of his views we take exception to; though, on the whole, the work will be useful, not only for the physician to peruse, but also for the layman who would learn more of medical history than allopathic books afford.

We object to the use made of Holy Writ; but this is a personal objection. F.

A TREATISE ON FOOD AND DIETETICS. By F. W. Parry, M.D., F.R.S. Second edition. Wood's Library for 1882, October Number.

This is a most excellent treatise, giving needed information concerning the uses of foods, their composition, and employment in health and disease.

Many interesting facts may be gathered from its pages, such as the late conclusions as to the fat-making power of nitrogenous food, the substitution of palmitine for margarine, effects of gelatin in increasing urea, relative nutritive value of cereals, of various vegetables, fruits, etc.

The part on practical dietetics is not as full in any direction as we could have wished. Though it contains numerous "dietaries" of different nations, of hospitals, prisons, etc., yet there is so much difficulty in the selection of appropriate food for the sick, we would like to see this phase of the subject exhaustively considered. F.

GENERAL MEDICAL CHEMISTRY. For the Use of Practitioners of Medicine. By R. A. Wilthaus, A.M., M.D. Wood's Library. August volume, 1881.

Beginning with introductory remarks concerning matter, atoms, molecules, etc., the book carries the reader through both organic and inorganic chemistry. The first, Dr. Wilthaus treats "as the chemistry of the compounds of carbon," following Feser, Schützenberger, and others.

The subject-matter is arranged with special reference to the wants of the physician. For instance, Iodine: discovery; symbol; preparation; properties, especially its *action on the economy*.

Toxicology, too, receives attention. Further, the reader will find full information upon hydro-carbons. They are treated of in twelve series, covering nearly 200 pages. F.

TRANSACTIONS OF THE THIRTY-FOURTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Held at Brighton Beach, N. Y., June 14th, 15th, 16th, and 17th, 1881. Thirty-eighth Anniversary. Instituted April 10th, 1844. Pittsburg: Printed by Jos. Eichbaum & Co. 1881. Octavo, pp. 774.

Again, with commendable dispatch, Dr. Burgher has finished up the year's work of the American Institute, and another bright-looking volume is added to its annual issues. It is bound in black cloth, like its immediate predecessor, and handsomely printed on good heavy paper.

The papers, discussions, proceedings, etc., are arranged as in the preceding volume, and the Code of Ethics is added. We shall not attempt a *résumé* of the papers,—having already published a complete list of them in



our July number.—nor shall we undertake to criticise the opinions therein expressed, for reasons which we have often given in these pages, viz.: that the papers presented at a medical society's meetings are proper subjects for discussion *at the meeting*, and a further discussion of them by a reviewer could have no more weight than that of any private member of the society. In the matter of a work issued as a standard text or reference book the case is different; here the burden of discussion falls upon the journalistic reviewer; he takes the place of the society, as it were, the only trouble being that he can but rarely find journal-room to make his work as thorough and complete as it should be.

About the *Transactions* there are two or three things which we feel called upon to criticize. One is, that the reports of the discussions are not sufficiently condensed, and that the ideas offered by those who took part in the debates are not always clothed in elegant language. It is unreasonable—not to say ungenerous—to require or expect a physician to clothe his thoughts in extemporaneous speech sufficiently elegant to appear in print without revision, and comparatively few are capable of doing it. Neither is it easy for those who *can* use choice diction to avoid more or less verbosity. These should all be corrected so far as may be possible without excluding any of the pith and marrow of the discussion. Boiling down is one thing; cutting down is quite another. The first should be resorted to on all needful occasions; the second as rarely as practicable. Another matter is the inaccuracy of punctuation. This is particularly noticeable in the reports of the discussion, a striking example of which will be found in the discussion on insanity. Just here we wish also to direct attention to the great liability to misunderstand a speaker,—a case in point which very intimately concerns the writer of this notice. On page 315, third and fourth lines from bottom, he is made to speak of “the perceptive organ” of audition as a “vaso-motor ganglion,” whatever that is. To those of us who are ambitious to “go down to posterity,” such a killing frost upon our blossoming hopes fairly “nips our root.” A somewhat similar example of inaccuracy occurs in connection with Dr. Korndorfer's remarks, page 588.

The punctuation of the discussion—not so much of the essays—is, we think, very unsatisfactorily performed; so much so, indeed, that in many cases it leaves the speaker's meaning in grave doubt, and, in one or two places that we noted, actually perverts it.

It looks to us as if the work had been too much hurried; and for this we must blame, not the secretary but, the impatience of the Institute. Revision and proof-reading will not bear haste or crowding. The work is unmitigated drudgery, and as we think of the vast amount of it to be performed on such a book, we are almost surprised that our publishing committee has done even so well.

D.

THE HOMOEOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY. By Robert Faulkner, M.D. Boericke & Tafel, New York and Philadelphia.

This work includes a Calendar, Obstetric Calendar, Table of Poisons and their Antidotes, the inevitable Ready Method in Asphyxia, Table of the

Pulse, a Repertory of 80 pages, and blank pages for General Memoranda, Vaccination Record (which is not large enough), Addresses of Nurses, Friends, and Others, Obstetric Record, Deaths, Daily Engagements and Prescription Record arranged on opposite pages (a most convenient and useful plan), and a number of blank leaves for general purposes, together with a pocket and pencil. It is bound in flexible cover. The pages are about eight inches long by three and a half wide, and the price is \$2. We have used it regularly ever since its first issue, and expect to continue using it until we meet with a better one.

D.

PHYSICIAN'S VISITING LIST, 1882. Lindsay & Blakiston, Philadelphia.

It is sufficient proof of the popularity of this *List* to state that it has reached its thirty-first annual publication.

F.

THE SCIENCE AND ART OF MIDWIFERY. By William Thompson Lusk, A.M., M.D. D. Appleton & Co., New York.

The purpose of Dr. Lusk in issuing his book is to "present a fair statement of the changes which have been made by modern investigation in the views respecting the physiology and pathology of pregnancy, labor," etc.

The first eighty-two pages are devoted to the female organs, impregnation, and foetal development, and are very freely illustrated. Then follows the "Physiology of Pregnancy." The differentiations here, such as between first and subsequent pregnancies, dead and live foetus in utero, etc., are excellent. The "Physiology and Mechanism of Labor" are handled in a most masterly manner; each step is carefully described, and the whole profusely illustrated. Crede's method is advocated and explained, and contrasted with the obsolete method of traction. The author's employment of Ergot, though according to allopathic usage, is useless and even baneful. We have better aids.

"The Pathology of Pregnancy" embraces many diseases, some of which are not generally alluded to by other authors. Chapter XVIII introduces obstetric surgery, and this is followed by the pathology of labor and diseases of children.

Of the six hundred and sixty-three pages of the book fifty are devoted to the dread puerperal fever. This, considering the importance of the disease, is not too much,

The book is well worth perusing. To the student it will be useful, as it contains a detailed account of all subjects relating to the main subject,—obstetrics.

F.

CHEMICAL ANALYSIS OF THE URINE. By Edgar T. Smith, M.D., and John Marshall, M.D. Published by Presley Blakiston, 1881.

Works on urinal analysis do not deal sufficiently with the chemical side of the subject, at least so think our authors. Consequently, they have issued a brochure containing "all matter bearing on the chemical analysis of

urine which experience has demonstrated to be practical and thoroughly reliable."

From the examination of the book we have been able to make, we think it just what students need,—a cheap (price only \$1), reliable, and concise book. F.

## Gleanings.

A POSSIBLE PREVENTIVE OF RABIES.—In the *New York Medical Journal and Obstetrical Review* for November, 1881, Dr. L. L. Dorr, of San Francisco, discusses the etiology of hydrophobia, with special reference to climatic influence. The Pacific coast of America, he remarks, presents some peculiar features as regards this disease; from Behring's Strait to Cape Horn, he states, not a well-authenticated case of rabies was ever known. In support of this statement he adduces testimony to which great weight must be allowed. He therefore dissents from the common opinion that climate has no influence over the disease. A test of the power of the climate of the American Pacific coast to prevent the development of rabies can easily be made, he suggests, with strong probability of proving a blessing to hundreds of human beings who have no other hope. The period of incubation is so long in many cases that several dogs known to be badly bitten by a dog known to be suffering with rabies could be sent there under guard and kept behind prison-bars, and under observation until the extreme limit was passed. Or a more practicable plan might be to have a number of the many persons who are annually bitten by rabid dogs in the Eastern States and Europe go to that coast, and remain there until the extreme limit of the possibilities was passed, selecting any place from Cape Horn to Behring's Strait—preferably, however, California, where they have a varied climate and all kinds of dogs, and are in close communication with all parts of the world. The patient having a knowledge of these facts, and the support of hope of escape, it might be a power to prevent an attack; and, if he were attacked, the disease might be so modified by the climate as to render it susceptible of cure.

THE FOCAL LINES IN ASTIGMATISM.—In the *New York Medical Journal and Obstetrical Review* for November, 1881, Dr. William C. Ayres, of New York, endeavors to account for the normal astigmatism of the eye. The reason may be found, he suggests, in the fact that we have more frequent occasion to inspect vertical than horizontal lines, owing to their predominance in our surroundings. As to the actual cause of the greater curvature of the vertical meridian of the cornea, he thinks it is due to the method of development of the eye during embryonic life, especially that of the lids. We know that in the beginning there are no lids, and that the cornea is formed of a soft, embryonic tissue, which must be very pliable from the manner in which it is made to take up its position in front of the lens after it has receded from the ectoderma, and entered the cavity of the secondary ocular vesicle. Just after this the lids appear as a small circular ridge entirely behind the cornea, and grow directly outward. Then a tract of epithelium called the lid-suture makes its appearance, which forms from the lid-margins and directs the growth of the lids or pulls them down to the surface of the cornea. This growth takes place principally from above and below, and the substance for the lids, being pulled very close to the cornea, presses upon it and bulges the corneal tissue in such a manner that the curvature must become greater in the vertical than in the horizontal direction. In sections through embryonic eyes he has noticed this distortion, sometimes so great that there was a considerable change of curvature in the



part covered by the advancing lids from that which had not yet been reached by them, even recognizable with the microscope. This method of development is fully adequate, he thinks, to account for the particular change in the corneal curvature. In those cases where the resultant difference has not remained too great we call the eye emmetropic, but where the pressure has been excessive it may have produced abnormal astigmatism. Of course other kinds of astigmatism than that usually found according to this method of viewing the matter would have to be accounted for by some anomaly in the progress of development, but we find such anomalies frequent enough in the condition of the young lids. This theory, the author remarks, we must take only for what it is worth, but he holds that it is sufficient to account for the constant astigmatism found in all eyes, including those pathologically astigmatic. Referring then to Knapp's mathematical demonstration of the reason why the foci of the vertical and horizontal meridians are lines (in the former a horizontal, and in the latter a vertical line), he remarks that to the ordinary mind a mathematical demonstration requires to be supplemented by something more striking, and such he proceeds to furnish in the shape of experiments with a triaxial ellipsoid imagined to be cut in turn by various systems of planes.

## News, Etc.

THE TRANSACTIONS OF THE OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.—The papers and proceedings of the fifth annual session of this society are just issued in a neat octavo pamphlet of eighty pages. Physicians not members of the society can obtain copies at fifty cents each, by addressing F. Park Lewis, M.D., Buffalo, New York.

AMERICAN INSTITUTE OF HOMOEOPATHY—The following circular has been sent to each member of the Bureau of Clinical Medicine. It is confidently expected that a speedy response to its requests will be made in order to insure promptness and completeness in making up the report of the bureau. The members of the bureau are as follows:

David Thayer, M.D., Boston; N. F. Cooke, M.D., Chicago; J. C. Morgan, M.D., Philadelphia; P. G. Valentine, M.D., St. Louis; S. Lilienthal, M.D., New York; William M. Cate, M.D., Washington; Edward Rushmore, M.D., Plainfield, N. J.; John W. Dowling, M.D., New York; Adolph Lippe, M.D., Philadelphia; J. S. Mitchell, M.D., Chicago; N. R. Morse, M.D., Salem, Mass.; E. A. Farrington, M.D., Philadelphia; A. R. Barrett, M.D., Richmond, Va.; T. F. POMEROY, M.D., Jersey City, N. J., Chairman.

547 BRAMHALL AVE., JERSEY CITY, November 1st, 1881.

MY DEAR DOCTOR: Section 1, of Article VII, of our By-Laws, provides that a Bureau of Clinical Medicine shall be appointed annually, whose duty it is to report on "Diagnosis, and General and Special Therapeutics." The papers constituting the report of this bureau are thus restricted to those subjects, and cannot include others that are assigned to other bureaus of the Institute; and, as under our law of cure and system of practice, diagnosis relates to remedies as well as to pathological states, the symptomatic phenomena, both of disease and of drugs in their relations to each other, constitute our therapeutics. The results, therefore, of our observation and experience in the adaptation of drug-symptoms, objective and subjective, to those of disease, comprehend the legitimate sphere of action of this bureau, as its title plainly indicates.

In the selection of its members I have sought to embrace the largest field of observation possible in the use of the proved drugs of our materia

medica, both in their single and concurrent use, and in all attenuations (with the reasons for the selection both of the drug and of the attenuation), and the results of their action, that our report may be both comprehensive and complete.

You will please, therefore, select the subject of your paper accordingly, and at the earliest possible date report the same to me, to the end that all such adjustments of subjects as may be requisite may be made without unnecessary delay, and in order to prevent confusion and needless repetition.

Fraternally and cordially yours,

T. F. POMEROY, M.D.,

Chairman Bur. of Clin. Med., Am. Inst. Hom.

**HOMŒOPATHIC MEDICAL SOCIETY OF THE TWENTY-THIRD WARD, PHILADELPHIA.**—A new society under the above name was organized on Friday, October 21st, at the office of Dr. Newton May, of Holmesburg. The following officers were elected: President, Newton May, M.D.; Vice-President, John R. Reading, M.D.; Secretary, R. C. Allen, M.D. Seventeen physicians united in the organization. Dr. May, upon taking the chair, related the early experiences of his professional career and how he became a homœopath; how he often heard, during his collegiate days, the name of homœopathy spoken of contemptuously by the professors, who referred to it as a far-off thing. He spoke of his graduation at the University of Pennsylvania, in 1831; how unsuccessful his treatment of the sick had been as an allopathic physician, and thereby of the strong desire he had to abandon his profession, when, by accident, as he was walking along a street in Philadelphia, he saw a copy of Hahnemann's *Organon*, which he purchased, brought home, read, and was convinced of the truth of the law of "similars." He described graphically an incident of his old friend and colleague, Dr. David James, who came into his office and seeing him reading the *Organon* made some fun at him, but who after reading a few sentences from the *Organon* was so forcibly impressed, that he borrowed the book, read it, was convinced, and immediately took up the practice of homœopathy. He related the facts of two cases which had defied all allopathic treatment by his hands, and about which he had consulted eminent allopathic authority in Philadelphia without the slightest good coming from it, which were cured speedily and permanently by him through a few doses of homœopathic remedies. These and a few other incidents confirming the grand law of "similars," as promulgated by Hahnemann, convinced him of its truth, and he immediately began the practice of homœopathy, a step he has never seen cause to regret. Dr. May was the pioneer homœopath of the ward, having, contemporaneously with Dr. James, introduced and practiced homœopathy in Frankford, Bridesburg, Tacony, Holmesburg, and Bustleton. The doctor spoke of the paucity of the homœopathic literature of his early days. Epps's *Symptoms* and a few others were the only homœopathic books to be obtained in the country; but now the homœopathic literature is counted by hundreds of volumes, and upon many different subjects. At the first regular monthly meeting of the Society, held at Dr. May's office, November 16th, after the reading of the minutes, a constitution for the government of the society was adopted. The society then considered the subject of vaccination. Drs. Bartholomew, R. Lewis, J. R. Reading, R. C. Allen, and N. May taking part in the discussion. All agreed in a belief in the prophylactic virtues of a true vaccination, and that these effects never entirely run out; yet re-vaccination was recommended as a precautionary measure. Dr. J. C. Lewis was appointed to prepare a paper for the next meeting.

**KINDERGARTEN.**—The Misses Houard, daughters of our late esteemed colleague, Dr. John G. Houard, have opened a Kindergarten at 2036 Locust Street, Philadelphia. The terms begin September 21st and February 1st, and end January 31st and June 1st. The school is conducted according to Frœbel's system, the proprietors being graduates of Mrs. Van Kirk's Train-

ing-school. Our Philadelphia readers will doubtless be glad to patronize the school, and to recommend it to their patients and friends.

THE AMERICAN HOMŒOPATHIC DIRECTORY AND YEAR-BOOK.—In accordance with an understanding had with Dr. Pettet, publisher of the *North American Homœopathic Directory*, 1877-78, the undersigned is preparing to issue, early in the coming year, a work to be entitled *The American Homœopathic Directory and Year-book*. It will include: First, a *Directory* of the homœopathic physicians of North America. Second, *Homœopathic Societies*,—national, state, and local, with times and places of meeting for the year 1882. Third, *Public Institutions*,—colleges, hospitals, dispensaries, "homes," asylums, etc., in which homœopathy is taught or practiced. Fourth, *Literature*,—titles of books, journals, and other homœopathic publications issued during the year 1881, with names of authors or editors and publishers, and the style, size, and price. Fifth, *Public Medical Service*,—homœopathic physicians acting on boards of health, as pension examiners, surgeons in the army, navy, national guard, or militia, physicians to public hospitals, prisons, almshouses, etc. Sixth, *Legislation*,—enacted during 1881, specially affecting the rights or privileges of homœopathic practitioners. The completeness and accuracy of such a publication must depend almost entirely upon the amount of aid voluntarily furnished by physicians in all parts of the country. Unless I can receive a large measure of this practical sort of encouragement I shall make but sorry work of it. I therefore appeal most earnestly that, *immediately* upon reading this notice, each physician will send me by postal card his or her full name, State, county, and post-office, and, if residing in a large city, the street and number; especially should this be done by those who have commenced homœopathic practice or changed their residences since 1877, the date of publication of Dr. Pettet's directory. It is also requested that officers of societies and public institutions, and publishers of homœopathic literature, will forward such information as is above indicated for insertion in the work. A copy of the *Directory* in paper cover will be sent to each physician who takes the trouble to forward his or her address, or who in any other way aids in its preparation. A few copies will be neatly bound in cloth for sale at one dollar each; applications for these, with remittance, should be sent not later than January 1st, 1882. Address

PEMBERTON DUDLEY, M.D.,

S. W. corner of Fifteenth and Master Streets, Philadelphia, Pa.

A SOUTHERN ACADEMY OF HOMŒOPATHY PROPOSED.—*To the Homœopathic Physicians of the South*—BRETHREN: From interviews that I have had during the past few months with physicians of our school in the South, it has seemed advisable that we should have an organization similar in character to the Western Academy of Homœopathy, to bring together those of our school in this section. So far as my knowledge extends, there are but one or two homœopathic societies of any kind south of Mason and Dixon's line, and it is high time that we were more thoroughly organized. In this way our beloved science can be more effectively placed before the public, and we can be brought together for mutual improvement and encouragement. There are many homœopaths who are completely isolated, and who do not have an opportunity to meet one of their own school from one year's end to the other, and to them, especially, such an organization would be of the greatest value. The meetings of this association could be held yearly in the cities that would be most central to all, and May or June would probably be the best months to hold them. The American Institute holds its next meeting in Richmond, for the purpose of giving more prominence to homœopathy in the South, and the meeting for the organization of this proposed association might be held at such time and place that those who wished could continue on to the Institute; or, the organization might take



place in Richmond at the same time as the meeting of the Institute. I have made bold to act as secretary *pro tem.* to bring this matter before you, and I would respectfully urge upon every homeopathic physician in the South to send me his name to attach to a call, and also any suggestions as to time and place of meeting, etc. I will see that this call is issued at the proper time, and will do all in my power to perfect arrangements for the meeting.

Fraternally yours,

H. R. STOUT, M.D.

Jacksonville, Florida.

DR. BUSHROD W. JAMES, our Business Manager, arrived home from his European tour on November 25th. He had a tempestuous passage, but returns in the enjoyment of robust health.

DR. MAHLON PRESTON, of Norristown, was among the list of Pennsylvania homeopaths who visited Europe and attended the International Convention in London last summer. By some oversight we omitted to mention his name in our previous reference to our State delegation. He is safe at home again, we are glad to state, after a five months' absence across the water.

DR. J. P. DAKE, since his return from Europe has been seriously ill with typho-malarial fever. It will rejoice his hosts of friends, however, to learn that he is rapidly regaining his wonted health.

REMOVAL.—Dr. Edward Huber, formerly of Vienna, writes us that on account of the unfavorable climate of that city he has been obliged to change his residence, and has consequently located in Pisa, where he expects to continue the practice of homeopathy.

SETTLEMENT.—CLASS OF '81.—Franklin Powel, M.D., No. 17 South 40th Street, Philadelphia.

MARRIED.—HARDENSTEIN—ROBINSON.—On the 9th of November, 1881, at the residence of the bride's mother, by Rev. Mr. Zimmerman, A. O. Hardenstein, M.D., of Vicksburg, Miss., to Miss Ella Robinson, of Easton, Maryland.

EVANS—BURLEY.—On November 7th, 1881, at the residence of the bride's parents, by Rev. William H. Dill, of Clearfield, H. J. Evans, M.D., and Miss Malessa Burley, daughter of Mr. J. H. Burley, both of Tyrone, Blair County, Pa.

READING—MCCAMANT.—On the 29th of September, at the residence of the bride's father, L. Willard Reading, M.D., of Harboro, Pa., to Sallie McCamant, of Cains, Pa.

## OBITUARY.

JOHN JUVENAL YOULIN, M.D.—It is with profound regret that we announce to our readers the unexpected decease, on October 30th, 1881, of Dr. J. J. Youlin, of Jersey City, New Jersey. Appearing in full health and energy at the American Institute session at Brighton Beach last June, few would have dreamed that he was attending the last of the sessions from which he was rarely absent. The following from the *Jersey City Evening Journal* of Monday, October 31st, will convey an idea of the respect and esteem in which he was held by his fellow-citizens and his profession:

"Yesterday morning, at 5.30 o'clock, at his residence, No. 248 Grove Street, died Dr. John Juvenal Youlin. So widely was he known, and so recently was he in apparent robust health, that the news of his death awakened the most profound feelings of surprise and regret. Dr. Youlin

has been a stirring citizen of this city, and on this account his name became a familiar household word, and his person was known in every part of the city. There was that about the man which commanded the notice and obtained the willing respect of all with whom he came in contact. His was no negative character, but aggressive. Once possessed with the idea that an action or movement was righteous, and he became its earnest champion and defender. This characteristic naturally brought him into collision with men, but the purity of his motives was always so apparent that even competitors and opponents yielded him respect.

"Dr. Youlin was born in Rupert, Vermont, on December 31st, 1821, and was, therefore, in his sixtieth year. He first saw the light in the old Youlin homestead at Rupert, which has been in the possession of the family since ante-Revolutionary days; it nestles in the shadow of Mount Antone. Here his boyhood was passed. His family subsequently removed to Greene, Chenango County, New York, where he went to school. At an early age he manifested a bent for the medical profession, and entered the medical department in the New York State Prison at Auburn, where for seven years he applied himself to the study of the allopathic school of medicine. All this needed money, however, and young Youlin taught school between times, thus earning the necessary funds to pay his way. Thus, early in life he displayed the earnest, independent spirit which was such a marked characteristic of his manhood. He subsequently graduated from the New York Medical University as an allopathic physician, and returned to Auburn and practiced. While there he was smitten with typhoid fever, and slipped beyond the skill of his physicians to save him. An aunt begged him to allow her physician, a homeopath, to prescribe for him, and after a protracted siege succeeded in securing Dr. Youlin's permission. The patient recovered, but placed no faith in the homeopathic system. On the contrary, he took up the study of homeopathy in order to expose what he deemed its folly. In order to prove the greater value of the allopathic school, whenever he had two patients, he treated one by that system and the other by the homeopathic system. The result was, in his estimation, a great triumph of the latter over the former. Thus convinced of the superiority of homeopathy, with his usual method he earnestly studied this school of medicine in the Cleveland University and graduated. Since that time he was an ardent champion of homeopathy. He came to Jersey City in 1848, and opened an office here. He has been an ardent supporter of homeopathy, and whatever it has gained by statutory enactment is largely due to him. He was president of the New Jersey Homœopathic Society twelve years, was president of the American Institute of Homœopathy, a national organization, one year, and vice-president two years. In his domestic life Dr. Youlin has had his trials, but never has any act of his been aught but unselfish and loving. This is the record which comes to us from all the members of his family. He was married three times, and had four children by the first marriage, and three by the last.

"In his social relations Dr. Youlin had a host of friends. He was a member of the Baptist convocation forty years. When he came to Jersey City he joined the Grove Street Baptist Church, of which Dr. Parmly is pastor. He was the superintendent of the Sunday-school, and was the founder of the May Sunday-school Anniversary, which has become so popular in this city. He was a trustee of the church many years, and was chairman of the building committee, under whose direction the church edifice was so handsomely refitted recently. In his religious views he was very strict, and leaves behind him a bright and shining life in this respect. Up to the last moment he was clear as to his religious experience, and informed a friend, a little while before his death, that 'it has all been settled for years in my mind. I have never had any doubts, and I have none now.' In official life Dr. Youlin's life was not greatly involved. He was a member of the Hudson County

Board of Health since its organization, and did an immense amount of work in that position. He was a member of the S. P. C. A. ever since its beginning with the exception of one year.

"Dr. Youlin was also a member of various secret societies. He was Past W. M. of Jersey City Lodge, No. 74, A. F. & A. M., was a 321 degree Mason, and was First Lieutenant-Commander of the New Jersey Sovereign Consistory Scottish Rite. He was Past Commander of Hudson Council of the Legion of Honor, Grand Orator of the Grand Lodge of New Jersey, A. L. of H., and a trustee in Washington Council of Chosen Friends. The two latter organizations are insurance societies of good standing.

"Dr. Youlin started a homœopathic dispensary for the poor on Montgomery Street. A point, which we overlooked in its proper place, is indicative of his character. The writer was shown a slit in Dr. Youlin's desk, and was told that he cut it for the purpose of dropping into it every dollar received on Sunday in his office from his practice, and this money was scrupulously paid into the church treasury.

"His sickness came suddenly and with fatal force. He caught a severe cold some time ago, but no alarming symptoms manifested themselves until last Wednesday. On that day he visited Professor Loomis in New York, and on his return home was much fatigued. His wife assisted him to his room, but he encouraged her by saying in a few days he would be well again. He took to his bed on reaching his room, but prescribed for six patients that day, and received Dr. Cosad, and arranged with him for a meeting of the Masonic Consistory to-night. He was cheerful all the time. On Saturday night he did some business for the S. P. C. A. He had always said he desired to die in the harness, and his desire was fulfilled. Toward midnight on Saturday the death-damps gathered on his face, and from that time until he passed away the struggle was agonizing. He died of a fibroid condition of the lungs and heart trouble."

His funeral took place on Monday, November 1st, from the First Baptist Church, which he helped to found, and loved so well for the lifetime of a generation. The services were simple, solemn, and impressive, and the church was filled with a sorrowing, sympathizing audience of neighbors and friends. There were delegations present from the Masonic bodies, and of the American Legion of Honor, and the Chosen Friends. The funeral services were conducted by Rev. Dr. Parmly, the pastor, who has been Dr. Youlin's intimate and trusted friend for nearly thirty years, and the broken, tremulous voice of the pastor, as he spoke of his dead friend, showed his deep emotion. In the devotional exercises Rev. Drs. Van Cleef and Imbrie assisted, and after Rev. Dr. Parmly's funeral sermon was delivered, Rev. J. R. Thompson, of the Hedding Methodist Church, made a brief but exceedingly beautiful and touching address. The music of the occasion was rendered by a double quartette selected choir, and was unusually excellent and impressive. All the members of the deceased doctor's family who are in this country were present. At the conclusion of the services at the church the sad procession took its way to the New York Bay Cemetery, where the mortal remains of the good doctor were laid in their final rest.

The S. P. C. A. met in the evening, with Vice-President Smith in the chair. Mr. Smith paid a glowing tribute to the memory of the late President Youlin, and a committee was appointed to draft resolutions appropriate to the occasion. The resolutions set forth the great loss sustained by the Society by the death of Dr. Youlin, and expressed the Society's sympathy for his family. After adopting the resolutions the Society forbore the transaction of any business, and adjourned.

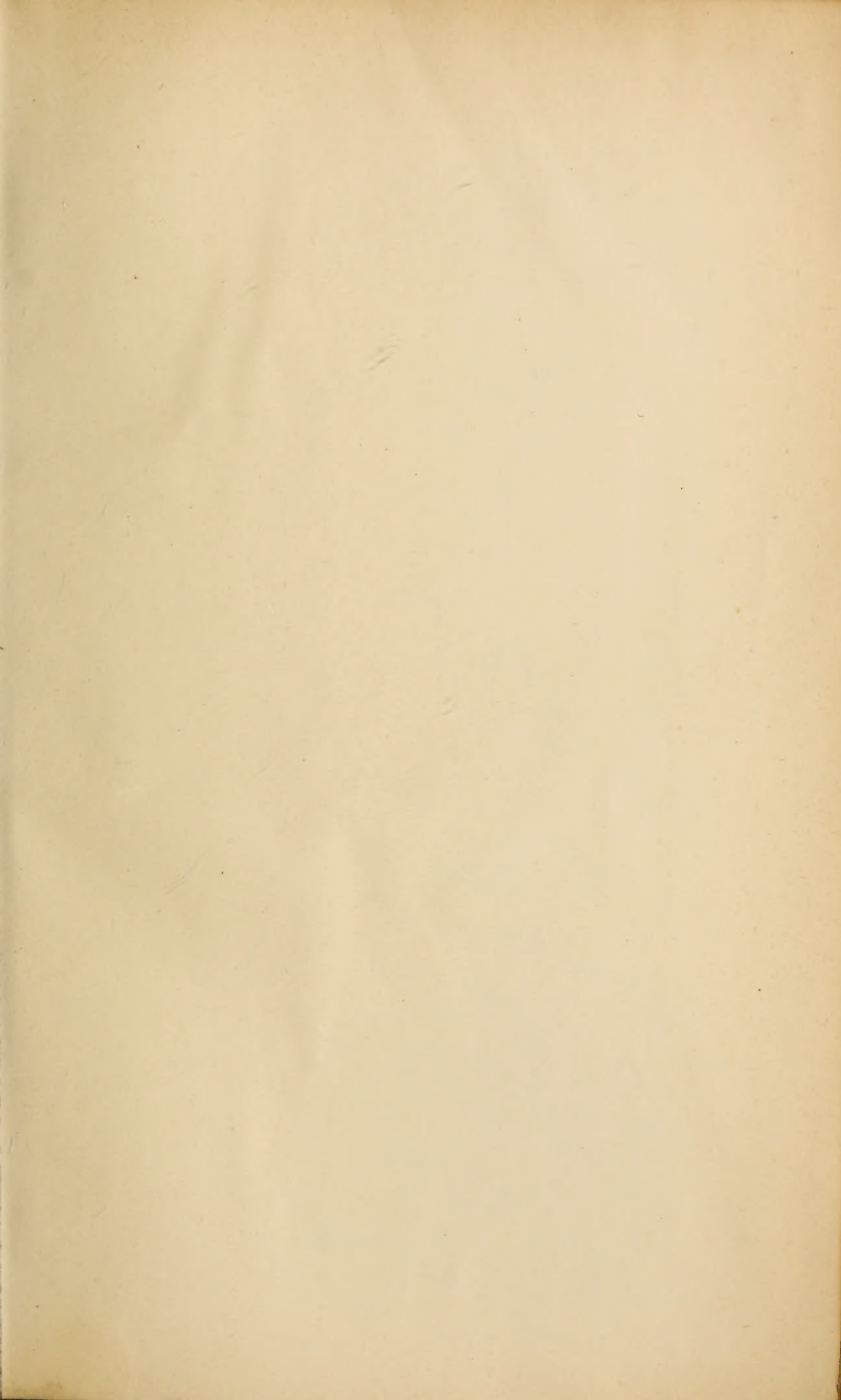
OFFICE OF THE HAHNEMANNIAN MONTHLY, N. E. corner Eighteenth and Green Streets, Philadelphia.

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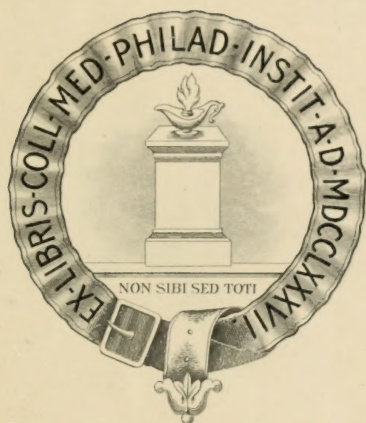






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